

STANDARD CERTIFICATE OF DEATH

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5798 Registrar's No. 6

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MONROE</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-CLAY TWP</u>  |  | c. LENGTH OF STAY (in this place) <u>37 yrs</u>  |  | c. CITY OR TOWN <u>RURAL-CLAY TWP</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. 1, PARIS</u>   |  |  |  | STREET ADDRESS (If rural, give location) <u>RT. 1, PARIS, MO</u>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROLLINS</u>   |  | b. (Middle) <u>CONWAY</u>  |  | c. (Last) <u>HEATHMAN</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 19 1956</u>   |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>WHITE</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  |  | 8. DATE OF BIRTH <u>NOV. 27 1895</u>  |  |
| 9. AGE (In years last birthday) <u>60</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE Co., MO.</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>THOMAS B. HEATHMAN</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>VILA M. ROLLINS</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>LILLIAN L. HEATHMAN</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |  | 16. SOCIAL SECURITY NO. <u>496-40-8000</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ROLLINS C. HEATHMAN, PARIS, MO</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                               |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE SCLEROSIS</u><br><u>MULTIPLE SCLEROSIS</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  | 21f. HOW DID INJURY OCCUR?  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <u>345X</u>   |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>DEC 19 1954</u> to <u>FEB. 19, 1956</u> , that I last saw the deceased alive on <u>FEB. 17, 1956</u> , and that death occurred at <u>10:05 AM</u> , from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>Mrs M. Susan M.D.</u>   |  |  |  | 23b. ADDRESS <u>PARIS, MO.</u>   |  | 23c. DATE SIGNED <u>2-20-56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>FEB. 21, 1956</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>PARIS, MISSOURI</u>  |  |
| DATE REC'D BY LOCAL REG. <u>2-20-56</u>   |  | REGISTRAR'S SIGNATURE <u>Elvie Robertson</u>   |  | 471 25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed &amp; Blakey,</u>  |  | ADDRESS <u>PARIS, MISSOURI</u>  |  |

FEB 28 1956

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *E. H. Ognew* .....

Licensed Embalmer No. *4000*

P. O. Address *PARIS, MISSOURI*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.