FILED MAR 20 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12128

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 52

**1. PLACE OF DEATH**
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Spgs
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 216 West Martin 020

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Harrison
c. (Last): Healey

**4. DATE OF DEATH** (Month) (Day) (Year): 3 - 8 - 56

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 1-23-1887
**9. AGE** (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): El Dorado Spgs, Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Chester Healey
**13b. MOTHER'S MAIDEN NAME**: Lillie Boyer
**14. NAME OF HUSBAND OR WIFE**: Helen Healey

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. # 1
**16. SOCIAL SECURITY NO.**: 460-24-0730
**17. INFORMANT'S SIGNATURE OR NAME**: Helen Healey — **ADDRESS**: El Dorado Spgs

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Occlusion
DUE TO (c): Coronary Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Generalized arteriosclerosis

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4261
**20. AUTOPSY?** YES ☐ NO ☒

**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3-6, 1956, *to* 3-8, 1956, *that I last saw the deceased alive on* 3-8, 1956, *and that death occurred at* 11 00 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Robert L. Magee M.D.
**23b. ADDRESS**: El Dorado Springs, Mo.
**23c. DATE SIGNED**: 3-9-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-10-56
**24c. NAME OF CEMETERY OR CREMATORY**: Mound Cemetery
**24d. LOCATION** (City, town, or county) (State): Cedar County, Mo.

**DATE REC'D BY LOCAL REG.**: 3-12-1956
**REGISTRAR'S SIGNATURE**: Anna E. Ferrup
**25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**: Gwinn Carothers El Dorado Spgs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Max W. Pickering

Licensed Embalmer No.....

P. O. Address El Dor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.