

wealth, Welfare Public Service
 300 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27532

FILED SEP 4 1956

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY CHARITON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR BROOKFIELD			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN TRIPLETT		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTORS HOS			Length of stay in lb 1 DAY	d. STREET ADDRESS RURAL		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOSEPH SAMUEL HEISEL			First Middle Last	4. DATE OF DEATH 8 24 1956		Month Day Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 1 - 1896	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMWORK	11. BIRTHPLACE (City and state or country) CHARITON Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME VALENTINE HEISEL				14. MOTHER'S MAIDEN NAME KATHERINE REICHERT			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT EDWARD HEISEL TRIPLETT				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA (HYPOSTATIC) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AORTIC INSUFFICIENCY DUE TO (c) MYOCARDITIS (CHRONIC) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 24 HOURS
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Aug 23 1956 to Aug 23 1956 and last saw her/him alive on Aug 23 1956 Death occurred at 9:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Kenneth L. Pennington, M.D.				22b. ADDRESS TRIPLETT MO		22c. DATE SIGNED 8-25-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8-26-1956	23c. NAME OF CEMETERY OR CREMATORY McCULLOUGH CEM TRIPLETT		23d. LOCATION (City, town, or county) MO		
24. FUNERAL DIRECTOR L. W. Heiser			ADDRESS	25. DATE RECD. BY LOCAL REG. 8-25-56		26. REGISTRAR'S SIGNATURE Katharine Johnson	

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.....
L. W. Maes

Licensed Embalmer No. *92*

P. O. Address *Brunson*

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