No. 300
10-48

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38915

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5884 Registrar's No. 73

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#3 Liberty Township
d. STREET ADDRESS (If rural, give location): R#3 Liberty Township

0260
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3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): Vincent
c. (Last): Heislen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 11, 1938
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months 4, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student
10b. KIND OF BUSINESS OR INDUSTRY: school
11. BIRTHPLACE (State or foreign country): Taos Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edmond Heislen
13b. MOTHER'S MAIDEN NAME: Henritta Dirks
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Edmond Heislen — ADDRESS: R.#3

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): Coroners Jury Verdict, death the result of accidential automobile collision on Highway.

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

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

INTERVAL BETWEEN ONSET AND DEATH: instant

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Washington Osage Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 21 1956 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto collision on Highway

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Linde Morton — Coroner
23b. ADDRESS: Box 255, Linn, Mo.
23c. DATE SIGNED: 12/1/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/26/56
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Xaviers
24d. LOCATION (City, town, or county) (State): Taos Missouri

DATE REC'D BY LOCAL REG.: Dec. 1-1956
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Dulle — ADDRESS: JC. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 3 1961

DEC 7 1955

VS NOV 2 . 1960

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.

Signed James E. Eynard

Licensed Embalmer No. 4978

P. O. Address Jeff. City Mo

Signed _____
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.