

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1957

STATE FILE NUMBER 12552

Registration District No. 74 Primary Registration District No. 4136 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Clinton			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattsburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Plattsburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Six Mile Lane			Length of stay in lb		d. STREET ADDRESS (If outside, give location) Six Mile Lane
3. NAME OF DECEASED (Type or print) First Wilson Middle Heffner Last Heffner			4. DATE OF DEATH Month April Day 22 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 9 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Heffner			14. MOTHER'S MAIDEN NAME Estretta Schumman, Alice Eliza		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-12-3241		17. INFORMANT Address Olga Heffner, Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis					INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute Enteritis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Hour 11:30 Month Apr Day 22 Year 57 a. m. P p. m.					
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 Apr 20-57 to Apr 22-57 and last saw him alive on Apr 22-57 Death occurred at 11:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. B. Belding MD			22b. ADDRESS Plattsburg Mo		22c. DATE SIGNED Apr 23-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 24 57	23c. NAME OF CEMETERY OR CREMATORY Greenlawn		23d. LOCATION (city, town, or county) (State) Plattsburg Mo.
24. FUNERAL DIRECTOR D. D. Lyon		ADDRESS Plattsburg Mo.		25. DATE RECD. BY LOCAL REG. Apr 25-1957	26. REGISTRAR'S SIGNATURE Elizabeth Seaver

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

S. 300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION COPY by AT
AUG 5, 1957
H.S.

441-0

1957

JUN 27 1957

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 *Philip S. Coak*

Licensed Embalmer No. *199*

P. O. Address *Blacksburg,*

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.