V.S. No. 300
REV. 10.48

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13825

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661 Registrar's No. 35

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

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Highland Tsp
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): 3 mi. West Ewing, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN: 0560 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): 3 mi. West - Ewing, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Jessie b. (Middle) Elma c. (Last) Heather
4. DATE OF DEATH (Month) (Day) (Year): May 4 1957
5. SEX: Female
6. COLOR OR RACE: White
7. ~~MARRIED~~, ~~NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): widowed
8. DATE OF BIRTH: November 12, 1876
9. AGE (In years last birthday): 80 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lewis County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Horsman
13b. MOTHER'S MAIDEN NAME: Cynthia Hoskins
14. NAME OF HUSBAND OR WIFE: Edward Heather
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. Oscar Bash — LaGrange, Mo. ADDRESS

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) Sarcoma of nose and

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 1998
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* Chasel, 20 1957, *to* May 4, 1957, *that I last saw the deceased alive on* May 4, 1957, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Cooter DO
23b. ADDRESS: La Belle MO
23c. DATE SIGNED: 5-7 57

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: May 7, 1957
24c. NAME OF CEMETERY OR ~~CREMATORY~~: River View Cemetery
24d. LOCATION (City, town, or county) (State): LaGrange, Mo.

DATE REC'D BY LOCAL REG.: 5-9-57
REGISTRAR'S SIGNATURE: P. W. Jennings, M.D. E.L.
25. FUNERAL DIRECTOR'S SIGNATURE: J. Kenneth Bailey — ADDRESS: LaGrange, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 embalme

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange, Ne

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