

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20856

STATE FILE NUMBER

FILED JUL 10 1957

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 507

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Benton</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Windsor</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Windsor Rt 4</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mellie Rest Home</i>		Length of stay in lb <i>30 days</i>		d. STREET ADDRESS (If outside, give location) <i>9 mile S.E. 9</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Nellie</i> Middle <i>Perrylee</i> Last <i>Heitzman</i>				4. DATE OF DEATH Month <i>July</i> Day <i>5</i> Year <i>57</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>June 3, 1879</i>	
9. AGE (In years last birthday) <i>78</i>		IF UNDER 1 YEAR Months <i>1</i> Days <i>2</i>		IF UNDER 24 HRS. Hours <i>2</i> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (City and state or country) <i>Benton Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>Timothy Downing</i>				14. MOTHER'S MAIDEN NAME <i>Bessie Land</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>George Heitzman</i>		Address <i>Windsor Rt 4</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Chronic glomerulonephritis</i> DUE TO (c) <i>Arteriosclerosis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>10 yrs.</i> <i>25 yrs.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						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 <i>a. m.</i> Month <i>p. m.</i> Day <i>Year</i>							
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 <i>15 May 1957</i> to <i>5 July 1957</i> and last saw her <i>alive</i> on <i>2 July 1957</i> Death occurred at <i>9:30 A. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>William South MD</i>				22b. ADDRESS <i>Windsor Mo.</i>		22c. DATE SIGNED <i>7/6/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>July 7-57</i>		<i>Clear Creek</i>		<i>Benton Co mo</i>	
24. FUNERAL DIRECTOR <i>Fred Davis & Son</i>		ADDRESS <i>Lincoln</i>		25. DATE RECD. BY LOCAL REG. <i>7-9-57</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigman</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 John R. Scum

Licensed Embalmer No. 480

P. O. Address Thurston, ...

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.