

Health, Welfare and Public Service
 300
 1-56
 Director, Coroner, etc. must use only standard numerals here in item 16. No symptoms were observed. 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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

23449

STATE FILE NUMBER

FILED JUL 23 1957

Registration District No. 6 Primary Registration District No. 4017 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farber</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Farber</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in 1b	d. STREET ADDRESS	(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Kenneth Lee Heaston
First Middle Last

4. DATE OF DEATH July 9, 1957
Month Day Year

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Oct 2, 1956
 WIDOWED DIVORCED

9. AGE (In years last birthday) 9 IF UNDER 1 YEAR 9 Months 9 Days 9 Hours 9 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY Mo. S.
 11. BIRTHPLACE (City and state or country) Ft Leonard Wood Hasp 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Donald Heaston 14. MOTHER'S MAIDEN NAME Toshiko Yoshida

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No 16. SOCIAL SECURITY NO. 0851 17. INFORMANT Address Mrs Donald Heaston, Farber, 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) Pneumonia
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Measles
 DUE TO (c) _____
 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 1 day
10 days

19. WAS AUTOPSY PERFORMED? 2
 YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____
 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____
 a. m. _____ p. m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Never to _____ and last saw him alive on _____
 Death occurred at 2 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William B Waters (Degree or title) Coroner 3 22b. ADDRESS 112N. Clark St. Mexico 22c. DATE SIGNED 7/16/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 14, 1957 23c. NAME OF CEMETERY OR CREMATORY Farber Cemetery 23d. LOCATION (City, town, or county) (State) Farber, Missouri

FUNERAL DIRECTOR William B Waters ADDRESS Vandalia, Mo. 25. DATE RECD. BY LOCAL REG. July 18 1957 26. REGISTRAR'S SIGNATURE Mallie Fugard

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 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 *William S. Water*.....

Licensed Embalmer No. *41*

P. O. Address *Landale*

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.