

FILED JUL 22 1957

## STANDARD CERTIFICATE OF DEATH

25259

STATE FILE NUMBER

Registration District No. 178

Primary Registration District No. 4284

Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LA Belle</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CANTON</u> 0560 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HARRIS Rest Home 6WKS</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>510 CLARK</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HARRISON</u> Middle <u>Reese</u> Last <u>hegg</u>			4. DATE OF DEATH Month <u>July</u> Day <u>19</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 21, 1866</u> 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Lewis Co. Mo.</u>
13. FATHER'S NAME <u>George hegg</u>		14. MOTHER'S MAIDEN NAME <u>ELBORA Reese</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs Bernadine Hoffman</u> Address <u>Canton Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Valvular Heart Insufficiency</u> DUE TO (b) <u>Sinility</u> DUE TO (c) <u>421.4</u> Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. 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 <u>10 yrs.</u>
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 _____, Month _____, Day _____, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT <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 <u>Jan 10 1957 to</u> and last saw her/him alive on <u>July 19, 57</u> Death occurred at <u>LA Belle</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. B. Coates</u> (Degree of title) <u>PO</u>		22b. ADDRESS <u>LA Belle 0110</u>	22c. DATE SIGNED <u>7 19 57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7/21/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>CANTON Lewis Co. Mo</u>
24. FUNERAL DIRECTOR <u>Earl H. Buckley</u> ADDRESS <u>Canton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-20-57</u>	26. REGISTRAR'S SIGNATURE <u>P. W. Jennings, M. D.</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300  
9-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Earl H. Embley* .....

Licensed Embalmer No. *26*

P. O. Address *Easton,*

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.