

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1957

STATE FILE NUMBER 44552

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		c. CITY OR TOWN Moberly	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital		d. STREET ADDRESS (If outside, give location) 719 S. Clark Street	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ISAAC ROY HEIFNER			4. DATE OF DEATH November 18, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 11, 1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Repairer, Retired		10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Co.	11. BIRTHPLACE (City and state or country) Darksville, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Press Heifner			14. MOTHER'S MAIDEN NAME Bell Swetnam		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. 702 05 5201		17. INFORMANT Resena Rothwell, Milwaukee, Wis.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia and Cardiac Decompensation			INTERVAL BETWEEN ONSET AND DEATH 24 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUPLICATE TO (b) Ruptured, gangrenous gallbladder with generalized peritonitis		5 days
	DUPLICATE TO (c) Arteriosclerotic Heart Disease and Chronic Cholecystitis		Years (?)
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.) 585X		
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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 Nov. 13, 1957 to Nov. 18, 1957 and last saw him alive on Nov. 18, 1957 Death occurred at 2:15 P.M. <input checked="" type="checkbox"/> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE I. K. McMurry, M.D., Surgeon in Charge	22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri	22c. DATE SIGNED 11/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-20-57	23c. NAME OF CEMETERY OR CREMATORY Oakland	23d. LOCATION (City, town, or county) (State) Moberly Mo.
24. FUNERAL DIRECTOR Gater funeral home moberly Mo.	25. DATE RECD. BY LOCAL REG. 11-20-57	26. REGISTRAR'S SIGNATURE Leah Loue	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms to 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

Health, & Welfare
Public Service

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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 *Jerry R. Carter*

Licensed Embalmer No. 4906

P. O. Address *Moberly, Mo.*

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.