

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009039
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 286

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Poplar Bluff</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 <u>Doctors Hosp.</u> Length of stay in lb | | d. STREET ADDRESS (If outside, give location) <u>Saxon St.</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Lawrence T. Heacock</u> | | | 4. DATE OF DEATH Month Day Year <u>March 7, 1958</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 15, 1914</u> |
| 9. AGE (In years last birthday) <u>43</u> | | 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) <u>Railroad Extra Gang</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Doniphan, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Lewis Heacock</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Sadie</u> | | 14. NAME OF HUSBAND OR WIFE <u>Sadie Hester Heacock</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>431-09-2910</u> | |
| 17. INFORMANT Address <u>Mrs. Sadie Heacock, Poplar Bluff, 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>Meningitis</u> DUE TO (b) <u>Skull Fracture</u> DUE TO (c) <u>910's</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| 19. INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input checked="" 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.) <u>Struck by rim of tire</u> | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>128</u> | | 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>1-18-58</u> to <u>3-7-58</u> and last saw her alive on <u>3-7-58</u> Death occurred at <u>4:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>Merwin R. Barbours, M.D.</u> | |
| 22b. ADDRESS <u>Poplar Bluff, Mo</u> | | 22c. DATE SIGNED <u>3/13/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3-9-58</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Frank-Cotrell Poplar Bluff, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3/22/58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>R. M. M. tree</u> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

MAR 24 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

APR 1 1958

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 Donald Roberts

Licensed Embalmer No. 4722

P. O. Address Poplar Bluff

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.