

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 36734-58 58-012894
STATE FILE NUMBER

FILED APR 15 1958 Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 13

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Stoddard		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Idalia		a. STATE Missouri		b. COUNTY Stoddard 1030	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Idalia Residence		Length of stay in 1b life		c. CITY OR TOWN Idalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS None				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First KATHY		Middle LUCILLE		Last HEATON		Month Day Year March 29, 1958	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 29, 1958	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 13 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and state or country) Bloomfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James William Heaton				14. MOTHER'S MAIDEN NAME Idaline Donaldson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address William Heaton Idalia, Missouri			
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>atelectasis of new born</i>							INTERVAL BETWEEN ONSET AND DEATH 12 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) -		DUE TO (c) -			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							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.) 7620				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			0				
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 3-29-58, to 3-29-58 and last saw her alive on 3-29-58. Death occurred at 6:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>J. O. Cameron</i> D. O. 2				22b. ADDRESS Bloomfield, Missouri		22c. DATE SIGNED 4-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-30-58	23c. NAME OF CEMETERY OR CREMATORY Duke Grove Cemetery		23d. LOCATION (City, town, or county) Charleston, Missouri (State)		
24. FUNERAL DIRECTOR The Nunnelee Funeral Chapel Sikeston				25. DATE RECD. BY LOCAL REG. 4-11-58		26. REGISTRAR'S SIGNATURE Mrs. George L. Baker	

Mo. (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....
Philip J. Casserly

Licensed Embalmer No.....46

P. O. Address.....*Skilton*

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.