

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046984

STATE FILE NUMBER
230

FILED DEC 16 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No.

300 4
1-57

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cedar</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Nevada</i>		c. CITY OR TOWN <i>Eldorado Springs</i> 0201	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>#402 N. Cedar St. Wyatts Nurs. Hm.</i>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>W.</i> Last <i>Heckadon</i>		4. DATE OF DEATH Month <i>Dec.</i> Day <i>6,</i> Year <i>1958</i>	
5. SEX <i>Male</i> c	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-10-1877</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <i>81</i>
10a. FATHER'S NAME <i>Phillip Heckadon</i>		10b. MOTHER'S MAIDEN NAME <i>Margaret McDowell</i>	10c. NAME OF HUSBAND OR WIFE <i>Ada Heckadon</i>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. SOCIAL SECURITY NO. <i>--</i>	13. INFORMANT Address <i>Mrs. Ada Hewitt, Osawatomie, Kans.</i>
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
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 (a) <i>Mental confusion - and advanced age 33 1/2</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <i>Nevada - Vernon - Mo.</i>	
21. I attended the deceased from <i>Dec 5/1958</i> to <i>Dec 6/1958</i> and last saw him alive on <i>Dec 5/58.</i> Death occurred at <i>2:10 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. P. Love</i> (Degree or title)		22b. ADDRESS <i>Nevada, Mo.</i>	22c. DATE SIGNED <i>12-9-58.</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-7-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Eldorado Spgs.</i>	23d. LOCATION (City, town, or county) (State) <i>Eldorado Springs, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Gwin-Carothers, Eldorado Spgs, Mo. 12-13-58</i>		25. DATE RECD. BY LOCAL REG. <i>12-13-58</i>	
26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *May W. Dickering*

Licensed Embalmer No. *4696*.....

P. O. Address *E. Durak*.....

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.