Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003801
STATE FILE NUMBER

JAN 12 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Kirkwood — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hosp- — Length of stay in Ib 7wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Fenton 4000 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS Rt. 1 Box 525 (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ERNEST Middle STEPHEN Last HEARON

4. DATE OF DEATH Month Jan. Day 3 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Nov. 26, 1897
9. AGE (In years last birthday) 61 — 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) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY Winter Bros. Mat.
11. BIRTHPLACE (City and state or country) Chiles, Kans.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Hearon
13b. MOTHER'S MAIDEN NAME Mary Winkler
14. NAME OF HUSBAND OR WIFE Ora G. Hearon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W I
16. SOCIAL SECURITY NO. 490-14-4297
17. INFORMANT Ora G. Hearon-Rt 1--Box 525 Address Fenton-Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis, general
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of colon
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1938

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 about 1yr, to 1-3-59 and last saw ~~her~~ him alive on 1-2-59
Death occurred at 8:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Floyd S. Roberts M.D. (Degree or title)
22b. ADDRESS 109 N. Taylor Fenton Mo.
22c. DATE SIGNED 1-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-5-1959
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Pk.
23d. LOCATION (City, town, or county) (State) Affton 23, Missouri

24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood 22, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 1-5-59
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.