Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004172
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sullivan County Memorial Hospital — Length of stay in Ib 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Sullivan
c. CITY OR TOWN Green City 1650 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 6 mi. SW Green City — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First James Middle Madison Last Heaton
4. DATE OF DEATH Month Jan. Day 13 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 9-9-1880
9. AGE (In years last birthday) 78 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Gen. farming
11. BIRTHPLACE (City and state or country) Cora, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Heaton
13b. MOTHER'S MAIDEN NAME Catherine Miller
14. NAME OF HUSBAND OR WIFE Nora F. Heaton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-40-5811
17. INFORMANT Mrs. Nora Heaton, Address Green City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 hr
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) 331X
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 Milan COUNTY Sullivan STATE Mo
21. I attended the deceased from Dec 15, 1958, to Jan 13, 1959 and last saw him alive on Jan 13, 1959
Death occurred at 11:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Joseph S. Mag (Degree or title) M.D.
22b. ADDRESS Milan, Mo
22c. DATE SIGNED 1/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-16-1959
23c. NAME OF CEMETERY OR CREMATORY Green City Cemetery
23d. LOCATION (City, town, or county) Green City (State) Mo.
24. FUNERAL DIRECTOR Glen E. Kent & Son ADDRESS Green City, Mo
25. DATE RECD. BY LOCAL REG. 1-23-59
26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett

(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 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAR 5 1959

MAR 16 1959

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.