

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005265
STATE FILE NUMBER

FILED FEB 25 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 21

300
-57

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Trenton 04020	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1102 Rural St.		d. STREET ADDRESS (If outside, give location) 1102 Rural St	
3. NAME OF DECEASED (Type or print) First Middle Last Lucy Augusta Hein		4. DATE OF DEATH Month Day Year Feb 8 1959	
5. SEX Female	6. COLOR OR RACE White	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 3 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) Grundy Co. Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME J. M. Renfro		13b. MOTHER'S MAIDEN NAME ANN KENNARD	14. NAME OF HUSBAND OR WIFE Will Hein
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	17. INFORMANT Address Will Hein Trenton, 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH 10 days 15 yrs. 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X			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 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 Death occurred at 9:30 AM 2/11/59 , to Feb 8, 59 and last saw her alive on Feb 7-59 and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE T. B. Bailey (Degree or title)		22b. ADDRESS Jamesport Mo	22c. DATE SIGNED 2-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/11/59	23c. NAME OF CEMETERY OR CREMATORY Salem cemetery	23d. LOCATION (City, town, or county) (State) Grundy Co. Mo.
24. FUNERAL DIRECTOR Gordon Blackman Address Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 2-11-59	26. REGISTRAR'S SIGNATURE Gene Farris

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Bailey, Jamesport, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1959

FEB 25 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 _____

Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.