THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008636
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: Cape
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): S. E. Missouri Hosp. — Length of stay in 1b: 2 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 502 Themis st. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: MARION Last: HEARN

4. DATE OF DEATH Month Day Year: Mar. 12, 1959

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 6, 1881
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months: 4 Days: 6 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Soldier
10b. KIND OF BUSINESS OR INDUSTRY: Army
11. BIRTHPLACE (City and state or country): Near Dexter, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Levi W. Hearn
13b. MOTHER'S MAIDEN NAME: Martha J. Webb
14. NAME OF HUSBAND OR WIFE: ----------

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.: None
17. INFORMANT Address: Pres Hearn, Bloomfield, Missouri

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: 72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — 5 yrs
DUE TO (c): Generalized Arteriosclerosis — 5 yrs
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 [X]

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 3-10-59, to 3-12-59 and last saw her/him alive on March 12th,
Death occurred at 5:23 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Cape Girardeau, Mo.
22c. DATE SIGNED: 3-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 15-59
23c. NAME OF CEMETERY OR CREMATORY: Hagy cemetery
23d. LOCATION (City, town, or county) (State): Stoddard co., Missouri

24. FUNERAL DIRECTOR ADDRESS: CHILES UND. CO., BLOOMFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 3-26-59
26. REGISTRAR'S SIGNATURE: Irene Kasten

(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.

JAN 30 1955

JAN 14 1960

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 Lulu Cooper # 3499-Bloomfield, Mo., ~~Student Embalmer~~ No. .....

~~X working under my personal supervision. X~~

Student .....
Signature of Student Embalmer

Signed Lulu B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.