

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008732

STATE FILE NUMBER

FILED APR 10 1959 Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 32

300
1-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Excelsior Springs 6003 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 706 S. Marietta		Length of stay in lb 7 yrs.	d. STREET ADDRESS (If outside, give location) 706 S. Marietta Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Emmett Middle Lee Last Heath			4. DATE OF DEATH Month March Day 21 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 10, 1910	9. AGE (In years less birthday) 48	IF UNDER 1 YEAR Months 5 Days 11	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman, Musician, Massaur	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Rayville, MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Bird C. Heath	13b. MOTHER'S MAIDEN NAME Dessie Dale	14. NAME OF HUSBAND OR WIFE Rose Washburn Heath
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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. 486-14-0214	17. INFORMANT Rose Heath Address 706 S. Marietta, ExSp
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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 occlusion		INTERVAL BETWEEN ONSET AND DEATH 90'
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) coronary sclerosis		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ 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 Excelsior Springs, Mo.	COUNTY Clay	STATE MO.
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21. I attended the deceased from Death occurred at 10:30 pm on 3-21-59 and last saw ^{her} him alive on 3-21-59 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George E. Sanders M.D.	22b. ADDRESS Excelsior Springs, Mo.	22c. DATE SIGNED 3-23-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) (State) Rural, Orrick, Ray Co. MO.
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24. FUNERAL DIRECTOR Chas. Virgil Hope, Excelsior Springs, Mo.	25. DATE RECD. BY LOCAL REG. 4-2-59	26. REGISTRAR'S SIGNATURE Caroline Hutchings
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(License Embalmer's Statement on Reverse Side)

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.

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 *Chas. Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address *Excelsior Springs*

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.