. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017513
STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 138 Primary Registration District No. Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Hickory
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Wheatland — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Centera Wheatland — Length of stay in 1b All of Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Hickory
c. CITY OR TOWN Wheatland — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 0430 Central Wheatland — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Alfred Middle: Benonia Last: Heard
4. DATE OF DEATH Month: May Day: 18 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Mar 8 - 1873
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 2 Days 10 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Merchant
10b. KIND OF BUSINESS OR INDUSTRY: General Store
11. BIRTHPLACE (City and state or country): Wheatland, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Emly Heard
13b. MOTHER'S MAIDEN NAME: Mary Miller
14. NAME OF HUSBAND OR WIFE: Flora Heard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Floy Holland — Address: Wheatland, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Few months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200
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 4/16/59, to 5/11/59 and last saw him alive on 5/14/59
Death occurred at 5/18/59 0:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert M Hoss (Degree or title) MD
22b. ADDRESS Osceola Mo
22c. DATE SIGNED 5/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 21-1959
23c. NAME OF CEMETERY OR CREMATORY: Macedonia Cemetery
23d. LOCATION (City, town, or county) (State): Wheatland, Mo

24. FUNERAL DIRECTOR: Gilbert Hathaway — ADDRESS: Wheatland, Mo
25. DATE RECD. BY LOCAL REG.: May 30-1959
26. REGISTRAR'S SIGNATURE: May Johnson

(Licensed 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.

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. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Tuscaltaud, 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.