

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-028605
STATE FILE NUMBER

FILED VS AUG 26 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 155

s. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence - Teaco Rd.</u>		Length of stay in lb <u>10 Dns.</u>	
3. NAME OF DECEASED (Type or print) First <u>Sohn</u> Middle <u>Alexander</u> Last <u>Headrick</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>14</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 16, 1879</u>
9. AGE In years (If under 1 year, give month and day) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Farmer Retired</u>	
11. BIRTHPLACE (City and State of country) <u>Marble Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>S. A. Headrick</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Duncan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. S. A. Headrick - Kennett, Mo. Rt. 1</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart failure [sudden] fell dead</u>			INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <u>Uncompensated Heart</u>			<u>2 1/2</u>
DUE TO (c) <u>General Arterial Sclerosis + Cardiac Weakness</u>			<u>5 1/2</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Age</u>			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.) <u>—</u>	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>—</u>	
20g. COUNTY <u>—</u>		20h. STATE <u>—</u>	
21. I attended the deceased from <u>Feb 1 1957</u> to <u>Aug 14-59</u> and last saw him alive on <u>7-20-1959</u> Death occurred at <u>—</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul B. Sawyer M.D.</u>		22b. ADDRESS <u>Kennett, Mo.</u>	
22c. DATE SIGNED <u>8-19-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 16, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>	
24. FUNERAL DIRECTOR <u>Howard Funeral Service - Leachville Ark</u>		25. DATE RECD. BY LOCAL REG. <u>8-19-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Paul B. Sawyer</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Monte Grimes*

Licensed Embalmer No. *5032*

P. O. Address *Lachville, La*

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.