

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029457

FILED VS SEP 2 1959

Registration District No. 146 Primary Registration District No. 5570 Registrar's No. 374 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson, Ft. Craig Twp.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Grove Length of stay in 1b 9 yrs		c. CITY OR TOWN Oak Grove Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.#1		d. STREET ADDRESS (If outside, give location) R.R.#1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Wancelot Sherman Heath			4. DATE OF DEATH Month Day Year August 25-1959			
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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 3-6-1902 57	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Taherille-Missouri Usa	12. CITIZEN OF WHAT COUNTRY
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13. FATHER'S NAME Frederick Heath	13b. MOTHER'S MAIDEN NAME Agnes Gouldsmith	14. NAME OF HUSBAND OR WIFE Lucille E. 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.	17. INFORMANT Address Lucille E. Heath Oak Grove
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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) Death by drowning DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Cracks turned over in a pond. Caught under tractor in water
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION Jackson MO	COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at 9-0 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Owens Coroner	22b. ADDRESS 1034 Rights Plaza	22c. DATE SIGNED 8-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 27-59	23c. NAME OF CEMETERY OR CREMATORY Mount Grove	23d. LOCATION (City, town, or county) Independence Mo
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24. FUNERAL DIRECTOR (Name and address) Roland R. Speaks Indep. Mo	25. DATE RECD. BY LOCAL REG. 8-27-59	26. REGISTRAR'S SIGNATURE James S. Craig
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Indep. V.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.