IRL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59–032004

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 987A

NDED

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b: 1 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1129 E. DIVISION — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD, MO — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1129 E DIVISION — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ARVAL Middle ALEXANDER Last HEFNER

4. DATE OF DEATH Month Sept Day 18 Year 1959

5. SEX MALE
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/14/1895
9. AGE (last birthday) 64
IF UNDER 1 YEAR: Months 3 Days 4
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARM
11. BIRTHPLACE (City and state or country) WRIGHT CO. MO
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William HEFNER
13b. MOTHER'S MAIDEN NAME HARRIETT Rogers
14. NAME OF HUSBAND OR WIFE ZULA OPAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT ARVAL HEFNER JR. Address Springfield Mo

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) Likely Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Degenerative Myocarditis
DUE TO (c) UNATTENDED BY A PHYSICIAN

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. ☐ Yes ☐ No ☐ Unknown

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

BY AFFIDAVIT OF

21. I attended the deceased from XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX and last saw her/him alive on
Death occurred at 8:P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James R Amos MD (Degree or title)
22b. ADDRESS Greene County Health Officer, Spfld, Mo
22c. DATE SIGNED 9-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 9/21/59
23c. NAME OF CEMETERY OR CREMATORY Steele Mem.
23d. LOCATION (City, town, or county) HARTville (State) MO.

24. FUNERAL DIRECTOR JOHN S. SIMPSON ADDRESS HARTville MO
25. DATE RECD. BY LOCAL REG. 9-29-59
26. REGISTRAR'S SIGNATURE Effie L. Meeton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 507

P. O. Address _____

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