

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
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**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-037129**

STATE FILE NUMBER

FILED VS NOV 10 1959 275

Primary Registration District No. 3053 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla Rolla</b>		Length of stay in 1b <b>1 Day</b>		c. CITY OR TOWN <b>Licking</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>General Delivery</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>ALPHA</b> Middle <b>MAE</b> Last <b>HEAVIN</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>4,</b> Year <b>1959</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-4-91</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Edgar Springs, Mo.,</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>William Henry Mace</b>			13b. MOTHER'S MAIDEN NAME <b>Eliza Jane Karnes</b>			14. NAME OF HUSBAND OR WIFE <b>Carrie Heavin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>XX</b>		17. INFORMANT Address <b>Carrie Heavin, Licking Mo.,</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypos static Pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 da</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Myocardial degeneration and</b>									
DUE TO (c) <b>malnutrition</b>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Poly arthritis (degenerative)</b>						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 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.)						
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
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		COUNTY		STATE	
21. I attended the deceased from <b>1957</b> to <b>11-4-59</b> and last saw her <sup>her</sup> alive on <b>22nd of 59</b> Death occurred at <b>12:20A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) <b>Wm R. [Signature]</b>				22b. ADDRESS <b>Kella Mo</b>				22c. DATE SIGNED <b>11/4/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-5-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mitchell Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Edgar Springs, Mo.,</b>				
24. FUNERAL DIRECTOR Null & Son Funeral Home..Rolla By <b>Paul E. Null</b>				25. DATE RECD. BY LOCAL REG. <b>Nov. 4, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Nadene L. Stoll</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 12 1958

NOV 29 1958

**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 Paul E. Mull

Licensed Embalmer No. 4478

P. O. Address Rolla, 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.