

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH FILED VS NOV 25 1959

59-043191

STATE FILE NUMBER

ENDED

Registration District No. 374

Primary Registration District No. _____

Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Worth County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Middle Fork Township</u>		Length of stay in 1b <u>65 years</u>		c. CITY OR TOWN <u>Worth</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles west</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>3 miles west</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Edward</u> Last <u>Heaton</u>				4. DATE OF DEATH Month <u>November</u> Day <u>6</u> Year <u>1959</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>Sept-6-1894</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>2</u> Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Worth Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Heaton</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Margarett Heaton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>486-30-4345</u>		17. INFORMANT Address <u>Margarett Heaton Worth Mo.</u>			
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>SHOCK</u>						INTERVAL BETWEEN ONSET AND DEATH <u>NONE</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ACUTE CORONARY OCCLUSION</u>						<u>NONE</u>	
DUE TO (c) <u>ARTERIO SCLEROSIS</u>						<u>YEARS</u>	
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 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 <u>1955-</u> , to <u>NOV 6, 1959</u> and last saw her/him alive on <u>NOV 5, 1959</u> Death occurred at <u>10:00 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Richard J. Smith DO.</u> (Degree or title)			22b. ADDRESS <u>GRANT CITY Mo.</u>			22c. DATE SIGNED <u>11-6-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov 8-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Barnes Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Worth Mo.</u>			
24. FUNERAL DIRECTOR <u>John Andrews</u> ADDRESS <u>Grant City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 20 1959</u>		26. REGISTRAR'S SIGNATURE <u>Bowdoy Kibbe</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

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

Student _____
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City

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.