

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-019245**

**FILED VS JUN 2 1960**

STATE FILE NUMBER

ENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wash.</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) <u>Ironton</u>		Length of stay, in 1b <u>9 days</u>	c. CITY OR TOWN <u>Mineral Point</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ironton Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 1.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>IONA</u> Last <u>HEETER</u>			4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1960</u>		
5. SEX <u>Female</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>10-11-1914</u>	9. AGE (last birthday) <u>45</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Sana Fe Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Strahl</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Adam</u>		14. NAME OF HUSBAND OR WIFE <u>Lyle Heeter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-20-7892</u>	17. INFORMANT <u>Lyle Heeter - Mineral Point</u> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>bronchial pneumonia</u>		<u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Tetanus</u>	<u>10 days</u>
	DUE TO (c) <u>penetrating wound left foot</u>	<u>24 days</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 checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>stuck piece of old board in left foot</u>
20c. TIME OF INJURY Hour <u>4</u> Month, Day, Year <u>22-60</u> a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Mineral Point Washington Mo.</u> <u>5-16-60</u>
21. I attended the deceased from <u>5-6-60</u> to <u>5-16-60</u> and last saw her/him alive on <u>5-16-60</u> . Death occurred at <u>2:35 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Deceased or title) <u>R. E. Harland, M.D.</u>		22b. ADDRESS <u>Ironton, Missouri</u>	22c. DATE SIGNED <u>5-24-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-18-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>	23d. LOCATION (City, town, or county) (State) <u>Mineral Point Rt. 1. Mo.</u>
24. FUNERAL DIRECTOR <u>L. Sparks</u> ADDRESS <u>Potosi, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-25-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>

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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Honald Sparks*

Licensed Embalmer No. 4819

P. O. Address Potosi, 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.