

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

=60-022312
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 388

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CALLAWAY			
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia			Length of stay in 1b		c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MO. medical center				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 318 North West 8th St	
3. NAME OF DECEASED (Type or print) First ANNA Middle Richmond Last Heardon				4. DATE OF DEATH Month 7 - Day 8 - Year 60			
5. SEX Female	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-5-99	9. AGE (last birthday) 59 60	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Callaway Co. Mo		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME JAKE Richmond			13b. MOTHER'S MAIDEN NAME unknown.			14. NAME OF HUSBAND OR WIFE Millard Heardon	
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.		17. INFORMANT University of Mo. Medical Records		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration of Stomach Contents							INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Ileus, secondary to resection of neurectic							
DUE TO (c) bowel due to strangulated ventral hernia							3 days.
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 checked="" 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 7-7-60 to 7-8-60 and last saw her/him alive on 7-8-60 Death occurred at 4:53 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Carl J. Wampler, Jr. M.D.				22b. ADDRESS U. of Mo. Medical Center			22c. DATE SIGNED 7/8/60
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE July 11, 1960		23c. NAME OF CEMETERY OR CREMATORY White Chapel		23d. LOCATION (City, town, or county) (State) Callaway Co. Mo.	
24. FUNERAL DIRECTOR Gleason H. Green, Fulton, Mo.				25. DATE RECD. BY LOCAL REG. July 8 1960		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 19 1960

0881 8 T 700 SA

YS DEC 20 1950

YS DEC 20 1950

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

George H. Green

Licensed Embalmer No. 4220

P. O. Address *Clinton*

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.