

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030307

FILED VS SEP 7 1960

132

Primary Registration District No. 3021

Registrar's No. 149

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in 1b 26 yrs		c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitfield Nursing Hm.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 103 23rd Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) BELINDA SURPTA HEASLEY				4. DATE OF DEATH Month Aug. Day 27, Year 1960			
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/6/1878	9. AGE (last birthday) 82/4/21	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Saline, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ambrose Butler			13b. MOTHER'S MAIDEN NAME Sarah Hagen			14. NAME OF HUSBAND OR WIFE Oda. S. Heasley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Fay Bryant, Trenton, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-vascular Renal disease 2 years							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)
							DUE TO (c)
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Aug 1960 to Aug 27 1960 and last saw her/him alive on Aug. 24 1960 Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE Oliver F. Guffy			(Degree or title)	22b. ADDRESS Trenton, Mo.		22c. DATE SIGNED 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/30/60	23c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery		23d. LOCATION (City, town, or county) (State) Mercer County, Mo.			
24. FUNERAL DIRECTOR Gipson Funeral Home, Trenton, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 8-30-60		26. REGISTRAR'S SIGNATURE Irene Jaw	

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 Hal Thawber

Licensed Embalmer No. 3408

P. O. Address Trenton, N.J.

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