MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 61-001106

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 21

FILED VS FEB 14 1961

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany — Length of stay in 1b: 6yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lacy Rest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Harrison
c. CITY OR TOWN Blythedale — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Lilly Middle: Maude Last: Heasley
4. DATE OF DEATH Month: Feb. Day: 7 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-30-1881
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House keeping
11. BIRTHPLACE (City and state or country): Mercer Co, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: John Henderson
13b. MOTHER'S MAIDEN NAME: Susie Wright
14. NAME OF HUSBAND OR WIFE: John Heasley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mrs Ira Bowen, Address: Lamoni, Iowa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic CARDIO-VASCULAR Disease — 8 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb 7 1961, to ____ and last saw her/him alive on Feb 7, 1961
Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. R. Scamahorn (Degree or title) D.O.
22b. ADDRESS Bethany, Mo
22c. DATE SIGNED 2-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-9-1961
23c. NAME OF CEMETERY OR CREMATORY: Andover Cemetery
23d. LOCATION (City, town, or county) (State): Harrison Co Mo

24. FUNERAL DIRECTOR: Gerald W. Boggess, ADDRESS: Eagleville, Mo.
25. DATE RECD. BY LOCAL REG.: 2-8-1961
26. REGISTRAR'S SIGNATURE: Ella Maxey

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Gerald W. Boggess

Licensed Embalmer No. 4762

P. O. Address Eaglevilla 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.