

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012584

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 5122 Registrar's No. 294

FILED MAY 15 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Boone | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rocky Fork TN. | | Length of stay in 1b moments | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Silver Fork Creek | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (if outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First William Middle Donald Last Heyd | | | | 4. DATE OF DEATH Month May Day 6 Year 1961 | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE Caucasian | | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 4/22/42 | | 9. AGE (last birthday) 19 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Charlottesville, S.C. | | 12. CITIZEN OF WHAT COUNTRY USA | | | | |
| 13a. FATHER'S NAME William Heyd | | | 13b. MOTHER'S MAIDEN NAME Nellie Sturman | | | 14. NAME OF HUSBAND OR WIFE none | | | | |
| 15. WAS DECEASED IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Mr. Phillipi, Kansas City, 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) Accidental drowning | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Few minutes | | |
| 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 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.) Fording a stream - rapid current due to recent rains. | | | | | | |
| 20c. TIME OF INJURY Hour 4 Month, Day, Year May 6-61 | | | | 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.) Creek | | 20f. CITY, TOWN, OR LOCATION Rocky Fork Twp Boone Mo | | |
| 21. I attended the deceased from Coroner's Case and last saw him alive on _____ Death occurred at 4:00 PM 5-6-61 m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | |
| 22a. SIGNATURE Richard E Johnson, M.D. (Degree or title) | | | | 22b. ADDRESS Columbia, Mo | | | | 22c. DATE SIGNED 5-7-61 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE May 8, '61 | | 23c. NAME OF CEMETERY OR CREMATORY unknown | | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | | | |
| 24. FUNERAL DIRECTOR Bill Jo Meador Centralia, Missouri ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. May 7, 1961 | | 26. REGISTRAR'S SIGNATURE Mrs R E Palmer | | | | |

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1961

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 Bill J. Meador

Licensed Embalmer No. 4873

P. O. Address Centralia, Missouri

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.