SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-013000
STATE FILE NUMBER

• AMENDED

Registration District No. 60 Primary Registration District No. 4106 Registrar's No.

FILED MAY 15 1961

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jerico Springs, Mo — Length of stay in 1b: 7 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jerico Springs, Mo — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cedar
c. CITY OR TOWN Jerico Spgs. — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: NORMAN Middle: EDGAR Last: HEATH

4. DATE OF DEATH Month 5 Day 3 Year 1961

5. SEX M
6. COLOR OR RACE W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-27-1882
9. AGE (last birthday) 78
IF UNDER 1 YEAR: Months 11 Days 6
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Engineer
11. BIRTHPLACE (City and state or country) Cone Ville Iowa
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Albert Heath
13b. MOTHER'S MAIDEN NAME Frances Troutman
14. NAME OF HUSBAND OR WIFE Myrtle Heath

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 Myrtle Heath, Address Jerico Spg. Mo

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) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
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. ☐ 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 10-6-60, to 5-1-61 and last saw him alive on May-1-61
Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G B Bannister M.D.
22b. ADDRESS Jerico Spg Mo
22c. DATE SIGNED 5-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 5-8-1961
23c. NAME OF CEMETERY OR CREMATORY Anna Edna Cem.
23d. LOCATION (City, town, or county) (State) 15-1E - Jerico Spg. Mo. Mo

24. FUNERAL DIRECTOR Fr. P. Long, ADDRESS Jerico Spg.
25. DATE RECD. BY LOCAL REG. 5-9-1961
26. REGISTRAR'S SIGNATURE Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — BY AFFIDAVIT OF

MAY 15 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 [signature] Long

Licensed Embalmer No. 3714

P. O. Address Jerico Spg.

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.