MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Certificate

-61-014446
STATE FILE NUMBER

AMENDED FILED APR 25 1961

Registration District No. 100 Primary Registration District No. 3041 Registrar's No. 74

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: SHELBY
c. CITY OR TOWN: CLARENCE
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ESTELLA Middle: A Last: HEYNEN
4. DATE OF DEATH: Month: APRIL Day: 6 Year: 1961
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-24-1882
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (City and state or country): KANSAS
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: CYRUS OSBORNE
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: ERNEST HYNEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ERNEST HYNEN Address: CLARENCE 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): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ventricular Fibrillation
DUE TO (c): Arteriosclerotic Heart Disease
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 4/1/61 to 4/6/61 and last saw her/him alive on 4/6/61
Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): James E. Campbell MD
22b. ADDRESS: Macon Mo.
22c. DATE SIGNED: 4/17/61
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-9-61
23c. NAME OF CEMETERY OR CREMATORY: MAPLEWOOD CEMETERY
23d. LOCATION (City, town, or county): CLARENCE (State): MO
24. FUNERAL DIRECTOR: GREENING ADDRESS: CLARENCE MO
25. DATE RECD. BY LOCAL REG.: 4/22/61
26. REGISTRAR'S SIGNATURE: Ruth McNeely

(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 Charles V. Freeman

Licensed Embalmer No. 4625

P. O. Address Clarence

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.