

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014550

STATE FILE NUMBER

AMENDED FILED MAY 8 1961 Registration District No. 242 Primary Registration District No. 4361 Registrar's No. 6

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canalou		Length of stay in 1b	c. CITY OR TOWN Canalou
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Davis Last Heath			4. DATE OF DEATH Month 4 Day 20 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/17/1887
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months 1 Days 3 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Marion, Kentucky
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME S.R. Heath	
13b. MOTHER'S MAIDEN NAME Sarah Magnus		14. NAME OF HUSBAND OR WIFE Lola Childs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---		17. INFORMANT Address Lola Heath, Canalou, 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) Pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure and Chronic Pulmonary emphysema DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not stated by the terminal disease condition given in Part I (a)) Hypertensive cardiovascular disease 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			INTERVAL BETWEEN ONSET AND DEATH Days Yes
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 a.m. 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 May 16, 1959 to April 20, 1961 and last saw her alive on April 5, 1961 Death occurred at 11:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas C. Balthus, M.D. (Degree or title)		22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 4-21-61 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/22/1961	23c. NAME OF CEMETERY OR CREMATORY Matthews Cemetary	23d. LOCATION (City, town, or county) Matthews, Mo.
24. FUNERAL DIRECTOR Albritton Funeral Home, Sikeston, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-28-61	26. REGISTRAR'S SIGNATURE Kathryn L. McBain

(Licensed Embalmer's Statement on Reverse Side)

1961 MAY 9 1961

MAY 23 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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berme, N.J.

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.