

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020657
STATE FILE NUMBER

AMENDED

Registration District No. 55 Primary Registration District No. 5193 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Carroll

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only) Egypt Length of stay in 1b 50 yrs
c. CITY OR TOWN Norborne, Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles S. W. Norborne Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 3 mi. S. W. Norborne, Mo. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Mary Middle Magdalena Last Heil 4. DATE OF DEATH Month June Day 23 Year 1961

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-12-1871 9. AGE (last birthday) 90 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

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

13a. FATHER'S NAME Frank Schies 13b. MOTHER'S MAIDEN NAME Lena Rech 14. NAME OF HUSBAND OR WIFE Henry Heil Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. None 17. INFORMANT Henry Heil Jr. Norborne, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Valvular heart disease INTERVAL BETWEEN ONSET AND DEATH 1 month +.
DUE TO (b) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis 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 _____ Month, Day, Year _____ a.m. p.m.

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 6-2-61 to 6-23-61 and last saw her alive on 6-23-61
Death occurred at 9:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. R. E. Stubbell M.D. 22b. ADDRESS 212 South Pine St. Norborne, Mo. 22c. DATE SIGNED 6-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-25-1961 23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery 23d. LOCATION (City, town, or county) Norborne, Missouri (State)

24. FUNERAL DIRECTOR Gibson Funeral Home Norborne, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 6/24/61 26. REGISTRAR'S SIGNATURE Mr. Herbert Cleverly

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE RECEIVED

REGISTERED

SHOULD READ

FILED JUN 27 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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.