

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-035792 STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 504 Registrar's No. 15

AMENDED DATE AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

FILED OCT 23 1961
1. PLACE OF DEATH a. COUNTY Barry b. CITY Exeter Twp. Length of stay in lb 15 years c. CITY OR TOWN Exeter Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry c. CITY OR TOWN Exeter Inside Limits Yes No
3. NAME OF DECEASED (Type or print) First Middle Last Clyde Cleveland Hefley 4. DATE OF DEATH Month Day Year October 5, 1961
5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-27-1886 9. AGE (last birthday) 75 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming 10b. KIND OF BUSINESS OR INDUSTRY farm 11. BIRTHPLACE (City and state or country) Barry County, Missouri USA 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Lee Hefley 13b. MOTHER'S MAIDEN NAME Millie Unknown 14. NAME OF HUSBAND OR WIFE Grace Babb Hefley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. unknown 17. INFORMANT Mrs. Grace Hefley Exeter, Missouri 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) Acute Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH 30 min DUE TO (b) Arterial Sclerosis and senility Indef DUE TO (c) perforated bleeding ulcer 4 hours to indef. 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 April 10, 1961 to 10/5/61 and last saw him alive on 10/5/61 Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) D.O. 22b. ADDRESS Purdy, Mo. 22c. DATE SIGNED 10/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-8-1961 23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery 23d. LOCATION (City, town, or county) Exeter, Missouri (State)
24. FUNERAL DIRECTOR Culver's Cassville, Missouri ADDRESS 25. DATE RECD. BY LOCAL REG. 10-21-61 26. REGISTRAR'S SIGNATURE Grace Williams

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 Margaret C. Kenbest

Licensed Embalmer No. 4389

P. O. Address Cassville, Mo

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.