

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039774

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 196

AMENDED

FILED OCT 23 1961

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		Length of stay in 1b <b>2 Wks.</b>	c. CITY OR TOWN <b>Slater</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>530 N. Euclid</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>DICK</b> Middle <b>BOWLER</b> Last <b>HEUMAN</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>20</b> Year <b>1961</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 27, 1894</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Saline Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>John R. Heuman</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Bowler</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. D. B. Heuman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	17. INFORMANT Address <b>Mrs. D. B. Heuman Slater, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio-renal failure</b> DUE TO (b) <b>decompensation</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>2</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>		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	
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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.)
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20c. TIME OF INJURY Hour <b>10:00</b> a.m. / p.m. Month, Day, Year
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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 <b>Slater</b>	COUNTY <b>Saline</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>Oct 17 1961</b> and last saw him alive on <b>Oct 20 1961</b>	Death occurred at <b>Oct 20 1961</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Dr. H. H. Hays</i>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Marshall Mo</b>	22c. DATE SIGNED <b>10/21/61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 22 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Slater</b>	23d. LOCATION (City, town, or county) (State) <b>Slater, Mo.</b>
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24. FUNERAL DIRECTOR <b>Haines Funeral Home Slater, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10-21-61</b>	26. REGISTRAR'S SIGNATURE <i>Carl H. Reed</i>
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DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

NOV 2 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 Guy F. Hays, Jr.

Licensed Embalmer No. 4630

P. O. Address Slater, 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.