

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014582

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 56

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 17 1962

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|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Clay</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Clay</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Smithville</b>                   | Length of stay in 1b<br><b>28 Yrs.</b> | c. CITY OR TOWN <b>Smithville</b>  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Community Hospital</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>4 miles No. of Smithville</b>  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Harriett</b> Middle <b>Pearl</b> Last <b>Heath</b> | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>2</b> Year <b>1962</b> |
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|                      |                            |   |                                 |                                  |   |  |
|----------------------|----------------------------|---|---------------------------------|----------------------------------|---|--|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>Wh</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>9-13-80</b> | 9. AGE (last birthday) <b>81</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Platte Co., Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>George Flannery</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Ella Day</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Homer H. Heath</b> |
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|   |  |                                       |                                  |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Charles Heath</b> | Address<br><b>Salina, Kansas</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>51 Days</b> |
| IMMEDIATE CAUSE (a) <b>Intestinal Obstruction</b>  |  |  |
| DUE TO (b) <b>Central Hernia</b>   |  |  |
| DUE TO (c)   |  |  |

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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)<br><b>Bronchial pneumonia, Cardiac Failure, Hypertension</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b>8:05</b> a.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><b>Smithville, Missouri</b> |
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| 21. I attended the deceased from <b>October 31 1961</b> to <b>April 2 1962</b> and last saw her alive on <b>April 2 1962</b><br>Death occurred at <b>8:05 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE<br><i>Robert L. Lewis Jr MD</i> | (Degree or title)<br><b>MD</b> | 22b. ADDRESS<br><b>Smithville, Missouri</b> | 22c. DATE SIGNED<br><b>4/4/62</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>4-4-62</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F. Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>Smithville, Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>McComas Funeral Home</b> | ADDRESS<br><b>Smithville, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>4-4-62</b> | 26. REGISTRAR'S SIGNATURE<br><i>Marguerite Hudgens</i> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

|                  |              |          |                 |
|------------------|--------------|----------|-----------------|
| VS 300 Rev. 4/59 | DATE AMENDED | DOCUMENT | BY AFFIDAVIT OF |
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APR 18 1962

**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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.