

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24285

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5515 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON RURAL HIS LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON RHI 0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SHAWNEE TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>SHAWNEE TWP.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>ROGER</u> c. (Last) <u>HEATHERINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 31 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>OCT. 7, 1939</u>	9. AGE (In years last birthday) <u>12</u>	10. MONTHS <u>9</u> DAYS <u>24</u> HOURS <u>0</u> MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>HENRY CO. MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>RALPH E. HEATHERINGTON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY L. MOORE</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
--	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ralph Heatherington</u> ADDRESS <u>Clinton, Mo. R1</u>
---	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE RIB FRACTURES, PUNCTURED RT LUNG, INTERNAL HEMORRAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8220 32</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM ROAD 1/2 MI. EAST OF HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HENRY MO</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JULY 31 1952 5 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>TRACTOR OVERTURNED.. ON DECEASED</u>
--	--	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Nugh B. Walker, MO coroner Clinton, Mo.</u> (Degree or title) <u>3</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>1 Aug. 1952</u>
--	--------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG. 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PAUL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Huntingdale, Mo.</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Aug. 2-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. J. Vansant</u> ADDRESS <u>Clinton, Mo.</u>
---	---	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

420
3

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
Student Embalmer

Signed W. A. Gausant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.