

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024920

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 186

FILED AUG 14 1961

|                                                                                                     |  |                                                                                                                                          |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>                                                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b> |                                                                                                                                                                |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Clinton</b>                         |  | Length of stay in 1b<br><b>20 yrs.</b>                                                                                                   | c. CITY OR TOWN <b>Clinton</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>412 E. Elm St</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | d. STREET ADDRESS (If outside, give location)<br><b>412 E. Elm St</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|                                                                                                |  |  |                                                                    |  |  |
|------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Wilford</b> Middle <b>W</b> Last <b>Heuitt</b> |  |  | 4. DATE OF DEATH<br>Month <b>Aug</b> Day <b>8</b> Year <b>1961</b> |  |  |
|------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------|--|--|

|                       |                                  |                                                                                                                                                             |                                          |                                     |                                                                                                                                               |                                                                                |
|-----------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 5. SEX<br><b>male</b> | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 16, 1887</b> | 9. AGE (last birthday)<br><b>74</b> | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
|-----------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

|                                                                                                                       |                                   |                                                                     |                                           |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>flour mill work</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Versailles, Mo</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-------------------------------------------|

|                                             |                           |                                                         |
|---------------------------------------------|---------------------------|---------------------------------------------------------|
| 13a. FATHER'S NAME<br><b>Richard Heuitt</b> | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE<br><b>Jessee May Heuitt</b> |
|---------------------------------------------|---------------------------|---------------------------------------------------------|

|                                                                                                          |                                               |                                        |                               |
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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) | 16. SOCIAL SECURITY NO.<br><b>492-14-8222</b> | 17. INFORMANT<br><b>Raymond Heuitt</b> | Address<br><b>Clinton, Mo</b> |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|-------------------------------|

|                                                                                                                                   |  |                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                                     |
| IMMEDIATE CAUSE (a) <b>coronary infarct</b>                                                                                       |  | <b>minutes</b>                                                                                                                                                       |
| DUE TO (b) <b>coronary infarct</b>                                                                                                |  | <b>July 30, 61</b>                                                                                                                                                   |
| DUE TO (c)                                                                                                                        |  |                                                                                                                                                                      |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|                                                                                        |                                                                                                           |                                                                                              |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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.) |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                                                                              |                                                                                                        |                                                                                          |                                              |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------|
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.<br>Month, Day, Year: | 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<br>COUNTY STATE |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------|

21. I attended the deceased from **July 30, 61** to **Aug 8, 61** and last saw him alive on **Aug 6, 61**  
Death occurred at **11:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

|                                        |                   |                                   |                                   |
|----------------------------------------|-------------------|-----------------------------------|-----------------------------------|
| 22a. SIGNATURE<br><b>R J Powell DO</b> | (Degree or title) | 22b. ADDRESS<br><b>Clinton mo</b> | 22c. DATE SIGNED<br><b>8/9/61</b> |
|----------------------------------------|-------------------|-----------------------------------|-----------------------------------|

|                                                            |                                  |                                                                |                                                             |
|------------------------------------------------------------|----------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Aug 11, 1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Montrose cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>Montrose Mo</b> |
|------------------------------------------------------------|----------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|

|                                                    |                               |                                                     |                                                     |
|----------------------------------------------------|-------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| 24. FUNERAL DIRECTOR<br><b>Sickman-Dunning F H</b> | ADDRESS<br><b>Clinton, Mo</b> | 25. DATE RECD. BY LOCAL REG.<br><b>Aug 11, 1961</b> | 26. REGISTRAR'S SIGNATURE<br><b>Waldred Biggare</b> |
|----------------------------------------------------|-------------------------------|-----------------------------------------------------|-----------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 Robert J. Dunning

Licensed Embalmer No. 4710

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.