MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67. 0043377
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 279

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	0425	0425	
3			
4	1		
5	2		
6			
7	0		
8	2		
9	3381X		
10			
11			
12	1-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 27 1967

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLINTON
Length of stay in 1b: 2 Wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: GENERAL HOSPITAL
Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: HENRY
c. CITY OR TOWN: CLINTON
Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): 302 East Ohio St
Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First: EMMA Middle: JANE Last: HEARD

4. DATE OF DEATH: Month: NOV. Day: 19 Year: 1967

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed # Divorced ☐

8. DATE OF BIRTH: 3-6-1877

9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): CALHOUN MO

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: JOHN GREESON

13b. MOTHER'S MAIDEN NAME: MELISSA HENRY

14. NAME OF HUSBAND OR WIFE: LON HEARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: CLAY HEARD Address: CLINTON MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arterio-sclerosis — 4 yrs
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

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 9/21/45 to 11/19/67 and last saw her alive on 11/18/67

Death occurred at 12:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S. B. Hughes, M.D.

22b. ADDRESS: Clinton, Mo.

22c. DATE SIGNED: 11/20/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-21-1967

23c. NAME OF CEMETERY OR CREMATORY: ENGLEWOOD CEM

23d. LOCATION (City, town, or county) (State): CLINTON MO

24. FUNERAL DIRECTOR ADDRESS: SICKMAN & DUNNING CLINTON MO

25. DATE RECD. BY LOCAL REG.: Nov. 20, 67

26. REGISTRAR'S SIGNATURE: Mildred Bequine

(Licensed Embalmer's Statement on Reverse Side)

Permit Obtained 11-20-67 MB

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 R. L. 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.