

FILED MAY 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12245
3799

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartville 1140	
c. LENGTH OF STAY (in this place) 1 mo 12 da		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital Springfield, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) Ransler M. c. (Last) Hefner	4. DATE OF DEATH (Month) (Day) (Year) April 27, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 8, 1886	9. AGE (In years last birthday) 64 if UNDER 1 YEAR Months Days if UNDER 10 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster	10b. KIND OF BUSINESS OR INDUSTRY U.S. MAIL	11. BIRTHPLACE (State or foreign country) Monona, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Hefner	13b. MOTHER'S MAIDEN NAME Mary Oliver	14. NAME OF HUSBAND OR WIFE deceased
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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) yes WW I	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Veterans Adm. Hospital, Springfield, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, intraabdominal, primary in urinary bladder.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 181X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction secondary to carcinomatosis.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 15, 1951**, to **April 27, 1951**, and that death occurred at **7:35 PM**, from the causes and on the date stated above.

23a. SIGNATURE P. L. Eiseler (Degree or title) U	23b. ADDRESS VA Hospital, Springfield, Mo.	23c. DATE SIGNED Apr. 28, '51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-30-51	24c. NAME OF CEMETERY OR CREMATORY State Memorial	24d. LOCATION (City, town, or county) (State) Hartville, Mo.
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DATE REC'D BY LOCAL REG. 5-1-51	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene E. Holden Hartville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

396
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AUG 19 1952

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 Gene E. Haldren.....

Licensed Embalmer No. 3865.....

P. O. Address Hartsville, 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.