

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43841**

FILED JAN 3 1952
BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **111**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Vernon		a. STATE Carthage Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 30 years		d. STREET ADDRESS (If rural, give location) Floater on admission	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 3			

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) John b. (Middle) Joseph c. (Last) Heugherty			12-26-1951		
5. SEX		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
M.		Single		Oct 15 - 1883	
6. COLOR OR RACE		9. AGE (In years last birthday)		10. MONTHS	
W		68		2 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Coal Worker		Oil well laborer		Boston Mass.	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		
Cliven Heugherty			Ann Mc Glochem		
14. NAME OF HUSBAND OR WIFE			16. SOCIAL SECURITY NO.		
Single			None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT'S SIGNATURE OR NAME		
No			Records State Hospital #3		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Angina Pectoris		Final effect	
		ANTECEDENT CAUSES			
		DUE TO (b) arterio-sclerotic Heart DUE TO (c) General arterio-sclerosis		2 years	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Paranoia		5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		4200		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept 17, 1951</u>, to <u>Dec 26, 1951</u>, that I last saw the deceased alive on <u>Dec 26, 1951</u>, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
George Wheeler Wilson		State Hospital 3, Nevada		12-26-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Burial		Dec. 27, 1951		State Hospital No. 3 Cemetery	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE			
Nevada Missouri		Ferry Funeral Home			
25. ADDRESS		25. FUNERAL DIRECTOR'S SIGNATURE			
Nevada, Missouri		Anna E. Ferry			

DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	
12-28-1951		Anna E. Ferry		Ferry Funeral Home	
				Address	
				Nevada, Missouri	

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed [Signature]

Signed
Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Lawrence 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.