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FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1055**
Registrar's No. **53**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Ash Grove - 1390	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ALICE	b. (Middle) MATILOA	c. (Last) HEIM	4. DATE OF DEATH (Month) (Day) (Year) JAN 17 1953
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5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug 16 - 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY house	11. BIRTHPLACE (State or foreign country) Joppa Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Margaret Rose	14. NAME OF HUSBAND OR WIFE Samuel Heim
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harry Heim	ADDRESS 51 Luster 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3RD DEGREE Burns, Back, chest,		
	ANTECEDENT CAUSES neck, abdomen, arms and thighs Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9160 16			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 039	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ash Grove Greene Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 16 1953 11:15	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Clothing caught fire
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22. I hereby certify that I attended the deceased from **Jan 16, 1953**, to **JAN 17, 1953**, that I last saw the deceased alive on **Jan 16, 1953**, and that death occurred at **4:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James D. Hurston M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 1/17/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 19, 1953	24c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery	24d. LOCATION (city, town, or county) (State) Ash Grove - Missouri
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DATE REC'D BY LOCAL REG. 1-26-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Barney - Daniel Ash Grove - Mo	ADDRESS Ash Grove - Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Gayle Daniel

Licensed Embalmer No. *4702*

P. O. Address *Ash Grove, Mo*

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.