

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6796

State File No. ....

FILED MAR 4-1953

BIRTH NO. .... REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 20

06110

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

1. PLACE OF DEATH a. COUNTY <b>Macon County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby 1029</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Macon, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Clarence, Mo (Jefferson)</b>	
c. LENGTH OF STAY (In this place) <b>9 days</b>		d. STREET ADDRESS (If rural, give location) <b>12 Miles South East of Clarence</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Samaritan Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b> b. (Middle) <b>Gano</b> c. (Last) <b>Heathman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-18-1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-24-1868</b>	9. AGE (In years last birthday) <b>84</b> IF UNDER 1 YEAR <b>3</b> Days <b>24</b> Hours <b>Min.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Granville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Isaac Heathman</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Heathman</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Addie L. Heathman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Addie L. Heathman</b> ADDRESS <b>Clarence, Mo</b>
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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 <b>12 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Central Neuritis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>331X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocardial Failure</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 **Feb 9**, 1953, to **Feb 18**, 1953, that I last saw the deceased alive on **Feb 18**, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Howard Miller MD</b>	23b. ADDRESS <b>Masson</b>	23c. DATE SIGNED <b>2/21/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-20-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maplewood</b>	24d. LOCATION (City, town, or county) (State) <b>Clarence Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2/23/53</b>	REGISTRAR'S SIGNATURE <b>Ruth McNeely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barthelme &amp; Hopkins</b> ADDRESS <b>Shelby, Mo</b>
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RECEIVED 2.2.53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2.53.55  
Date Filed 2.3.53

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.....  
Student Embalmer

Signed *James D. Davis*

Licensed Embalmer No. *4478*

P. O. Address *Shelburne, 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.