

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039363

FILED VS NOV 9 1960 297

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 132

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Length of stay in 1b 1 day	c. CITY OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 348 N. Thornton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 330 W. Excelsior		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Perry Lee Heath			4. DATE OF DEATH Month October Day 29 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-7-1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner-Farmer		10b. KIND OF BUSINESS OR INDUSTRY Coal Mining Farming	11. BIRTHPLACE (City and state or country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY United States		
13a. FATHER'S NAME Eli Heath		13b. MOTHER'S MAIDEN NAME Irene Smith		14. NAME OF HUSBAND OR WIFE Mrs. Annie Heath		
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.	17. INFORMANT Address Mrs. Carney Swafford, Richmond, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Congestive Heart Failure					3 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
DUE TO (b) Coronary Arteriosclerosis					Unknown	
DUE TO (c) Generalized Arteriosclerosis					Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) marked Secondary Anemia dehydration and malnutrition					*PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Sept 1960 to Oct 29, 1960 and last saw ^{her} him alive on Oct 27, 1960 Death occurred at 5:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (In care of, title) Ralph L. Nicholson			22b. ADDRESS Mal Excelsior Springs, Mo.		22c. DATE SIGNED 10-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-31-1960	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope	23d. LOCATION (City, town, or county) Richmond, Missouri		(State)	
24. FUNERAL DIRECTOR Quest Life Funeral Home Richmond, Missouri		ADDRESS Richmond, Missouri	25. DATE RECD. BY LOCAL REG. 11-6-1960	26. REGISTRAR'S SIGNATURE Mal Jackson		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George J. [Signature]

Licensed Embalmer No. 4066

P. O. Address Richmond

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.