

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004930

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 6 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 15 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Vernon</u></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> Length of stay, in 1b <u>17 yrs</u></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #3</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Barry</u></p> <p>c. CITY OR TOWN <u>Monett</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>210 Second St.</u> Reside on Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <u>FAYMA HEAGERTY</u></p> <p>4. DATE OF DEATH Month Day Year <u>Jan. 7 1963</u></p>	
<p>5. SEX <u>Female</u></p> <p>6. COLOR OR RACE <u>White</u></p> <p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH <u>2-16-96</u></p> <p>9. AGE (last birthday) <u>66</u></p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <u>None</u></p> <p>11. BIRTHPLACE (City and state or country) <u>Lawrence County</u></p> <p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Robert Williams</u></p> <p>13b. MOTHER'S MAIDEN NAME <u>Dora Mason</u></p> <p>14. NAME OF HUSBAND OR WIFE <u>Norwood Heagerty</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p> <p>16. SOCIAL SECURITY NO. <u>[redacted]</u></p> <p>17. INFORMANT Address <u>Records-State Hospital #3,</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY...)</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Diabetes Mellitus</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u></p> <p style="text-align: center;">DUE TO (b) <u>Arteriosclerosis</u> <u>Months</u></p> <p style="text-align: center;">DUE TO (c) _____</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition, given in PART I (a)</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> <p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from <u>Nov. 1945</u> to <u>1-7-63</u> and last saw ^{her} <u>alive</u> on <u>1-7-63</u></p> <p>Death occurred at <u>7:10 a. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Paul L Barone M.D. Sup't.</u></p> <p>22b. ADDRESS <u>State Hospital #3 Nevada, Missouri</u></p> <p>22c. DATE SIGNED <u>1-7-63</u></p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p> <p>23b. DATE <u>1-9-1963</u></p> <p>23c. NAME OF CEMETERY OR CREMATORY <u>Local</u></p> <p>23d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u></p>
<p>24. FUNERAL DIRECTOR <u>Mercer Funeral Home</u> ADDRESS <u>Monett, Missouri</u></p> <p>25. DATE RECD. BY LOCAL REG. <u>1-12-1963</u></p> <p>26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1 1085

2 20055

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9 9260X

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12 1293-0

13 131-0

MAR 28 1963

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 _____

Signature of Student Embalmer

Signed

L. Angler Ferry

Licensed Embalmer No. 4960

P. O. Address

Neenah, Wisconsin

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.