

CERTIFICATE OF DEATH

124

68 0046027

DO NOT WRITE
ON THIS STUB

9. 1
10a. 95
10b.
11. 0
12. 2
13. 4109
14.
15. 9
16.
17.
18. 2
19. CREDITS
20. 1 - 0

VS 300
Rev. 1/68

4. 0808

5. 86

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0808

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 274 Primary Registration District No. 305-2 Registrar's No. 418

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Elizabeth Marie Heess Female 11/14/68

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) MONTHS DAYS UNDER 1 YEAR HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 95 2/11/73 7a. Pettis

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Sedalia, Mo 7c. Yes 7d. Rest Haven Rest Home—Sedalia, Mo

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

1. Missouri U.S.A. 10. Widowed 11. Deceased

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 489-56-1086 13b. House Wife 13c. Own Home

RESIDENCE—STATE MO COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

14a. Sedalia 14b. Pettis 14c. Sedalia, Mo 14d. Yes 14e. 1320 E 7th

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Nichlas Martie 16. Anna Marie Hert

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Lula A. Messerlie 17b. Sedalia, Mo 1320 E 7th—Sedalia, Mo-65301

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) CORONARY OCCLUSION 5 MIN.

DOE TO, OR AS A CONSEQUENCE OF:

(b) CORONARY SCLEROSIS 5 YRS

DOE TO, OR AS A CONSEQUENCE OF:

(c) ARTERIOSCLEROTIC HEART DISEASE 10 YRS

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. 20b. 20c. M. 20d.

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20e. 20f. 20g.

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR

21a. 4 9 58 TO 21b. 11 14 68

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. 22b. 22c. 11 5 68 22d. 20 22e. 12:05P

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. J.W. MAUNDERS DO. 23b. 23c. 11/15/68

MAILING ADDRESS—CITY OR TOWN STATE ZIP

23d. 1123 E. BROADWAY SEDALIA MO. 65301

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Evangeline Cemetery 24c. California, Mo

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. 11/16/68 24e. Bowlin Funeral Home-100 S Oak-California, Mo-65018

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25a. 25b. 25c. 11/15, 1968

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DEC 24 1968

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 John R. Broun
Licensed Embalmer No. 5150

P. O. Address California, mo
65018

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.