

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9278

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 225 | | PRIMARY REG. DIST. NO. 7335 | | Registrar's No. 3 | |
| 1. PLACE OF DEATH a. COUNTY Moniteau Co | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau Co | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural, Tipton | | c. LENGTH OF STAY (In this place) 3 Wks | | c. CITY (If outside corporate limits, write RURAL and give township) TOWN California, Mo Rt #2 Walker | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 2. Tipton, Mo | | | | d. STREET ADDRESS (If rural, give location) Rt #2 California, Mo | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | b. (Middle) John | | c. (Last) Heess | | 4. DATE OF DEATH (Month) (Day) (Year) Mar 2 1949 | |
| 5. SEX Male 0 | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Jan. 18. 1867 | |
| 9. AGE (In years last birthday) 82 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 11. BIRTHPLACE (State or foreign country) Moniteau Co, Mo 0 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Philip Heess | | 13b. MOTHER'S MAIDEN NAME Dorthey Wolf | | 14. NAME OF HUSBAND OR WIFE Elizabeth M. Heess | | | |
| 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. No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth M. Heess Tipton, Mo | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hem. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from 2/25, 1949, to 3/2, 1949, that I last saw the deceased alive on 3/2, 1949, and that death occurred at 1:50 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) J. F. Patton M.D. | | | | 23b. ADDRESS Tipton Mo | | 23c. DATE SIGNED 3/3/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3/4/1949 | | 24c. NAME OF CEMETERY OR CREMATORY vangical cent | | 24d. LOCATION (City, town, or county) (State) California, mo | |
| DATE REC'D BY LOCAL REG. 3-5-1949 | | REGISTRAR'S SIGNATURE Mrs. Maude Hudson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boulton P. Horne California | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-15-49

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.

Signed Emil R. Bonilin

Signed _____
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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.