

CERTIFICATE OF DEATH

124 71 0045769

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 112

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Nora May Heady					Female	November 28, 1971	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY) (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		72			December 4, 1898		St. Francois
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)				
7a. Bonne Terre		7c. Yes	7d. Bonne Terre Hospital				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		USA.		Married		11. Aldon Heady	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
499-03-5522-B		13a. Housewife			13b.		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
1a. Missouri		1b. St. Francois	14c. Farmington		14d. No	14e. Rt. 2	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—(MAIDEN NAME)		FIRST
15. Drew Pitts					Dossie Wilson		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mr. Aldon Heady				17b. Rt. #2 Farmington, Mo. 63640			

4.0941

5. 01

DECEASED

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

6.0940

PARENTS

9. 1  
10a. 72  
10b.  
11. 0  
12. 1  
13. 4123  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 2-0

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) Cardiovascular accident				24 hours
DUE TO, OR AS A CONSEQUENCE OF:				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Arteriosclerosis		
		DUE TO, OR AS A CONSEQUENCE OF:		
		(c) Arteriosclerotic heart disease.		

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
				19a. no	19b.
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)		
70a.	70b.	70c.	70d.		
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)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
70e.	70f.	70g.	70h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		

CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	IF DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
71a. I ATTENDED THE DECEASED FROM	Nov.	15	1971	Nov.	28	1971	71c. Nov. 28 1971	71d. didnot	71e. 3:30 pm.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD
72a.		72b.	72c.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
73a. Van W. Taylor, M.D.		73b. <i>Van W. Taylor</i>	73c. 11-30-71
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN
73d.		30 N. Allen	Bonne Terre
		STATE	ZIP
		Missouri	63628

CERTIFIER

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION
74a. Burial	74b. K. P. Cemetery	74c. Desloge Missouri
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
75a. December 1, 1971	75b. C. Z. Boyer & Son, Inc., Box 643, Desloge, Mo. 63601	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
75c. <i>C. Z. Boyer</i>	75d. <i>M. L. Day</i>	75e. 12 3 71

BURIAL

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

DEC 8 1971

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 B. T. Boyd

Licensed Embalmer No. 3660

P. O. Address Shelbyville 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.