

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32429

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 121

1. PLACE OF DEATH:  
Lawrence  
(a) County. Lawrence  
(b) City or town. Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 155 days  
(Specify whether  
In this community. 155 days  
years, months or days)

8. (a) PRINT FULL NAME Mina Heckmaster  
8. (b) If veteran, name war. No  
3. (c) Social Security Unknown

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased January 13th 1919  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>21</u> | <u>8</u> | <u>14</u> | hr. min.             |

9. Birthplace Diamond Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {  
12. Name Henry Howard Heckmaster  
18. Birthplace Newton County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Grace Ann Massey  
15. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk  
(b) Address Missouri State Sanatorium

17. (a) Body removed Date thereof. 9-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Diamond Mo.

18. (a) Signature of funeral director. Robert Central Bone  
(b) Address Cassville, Mo.

19. (a) Sept 27, 1940 (b) P.A. HOLMES  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Newton  
(c) City or town Diamond  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 27th  
year 1940 hour 9:55 minute A M.

21. I hereby certify that I attended the deceased from  
April 25, 1940, to Sept. 27th, 1940  
that I last saw her alive on Sept. 25th, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary T.B.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Paul D. ... (M. D. \_\_\_\_\_)  
Address 216 ... Date signed \_\_\_\_\_

Duration  
Abt  
1 1/2 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1040-2760

Date Filed OCT 17 1940

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.....

*Eugene Wood*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Eugene Wood*

Licensed Embalmer No.....

3804

P. O. Address.....

Cassville, 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 this body is not embalmed, above space should be left blank.