

No. 300
-10-47
5-17-39
P 1 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

25917

State File No.

FILED SEP 11 1948

Registration District No.

Primary Registration District No. 5430

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Loredell, mo Star Rt.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Loredell, mo Star Rt. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community True yes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Franklin

(c) City or town Loredell, mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Star Route
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME DAVID BURNEY HECK

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August, day 28th
year 1948 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 30th 1948, to Aug 21st 1948
that I last saw him alive on Aug 21st 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lyda Heck (Mitchem)

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar. 28 1880
(Month) (Day) (Year)

Immediate cause of death Chronic Valvular disease of heart.

Duration (?)

8. AGE: Years 68 Months 4 Days 23
If less than one day hr. min.

Due to _____

Due to _____

Other conditions Chronic Bright's disease of kidneys, Chron Prostatitis & Ch. Cystitis

9. Birthplace Sullivan Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business own farm

Major findings: _____

Of operations _____

Of autopsy 131B

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Henry Har Heck

13. Birthplace Sullivan Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Frances Reed

15. Birthplace Sullivan Indiana
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Lyda Heck (Mitchem)

(b) Address Loredell, mo, Star Rt.

17. (a) burial (b) Date thereof Aug. 24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belle, mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Casey Tenox

(b) Address St. Clair, Mo.

19. (a) 8-23-1948 (b) E. L. Worthington
(Date received local registrar) (Registrar's signature)

23. Signature C. F. Brieleb, M.D. (M. D. or other)
Address St. Clair, Mo. Date signed Aug 23/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9
District File Number
SEP 10 1948
Date Filed

SEP 1 1948

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Russell
Licensed Embalmer No. 4520
P. O. Address St Clair, 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, fact should be so stated above.