S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39575

Registration District No. 56 | Primary Registration District No. 4080 | Registrar's No. 24

1. PLACE OF DEATH:

(a) County: Carroll — Egypt
(b) City or town: Norborne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 108 West 4th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: At Home (Specify whether
In this community: Life Time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Carroll
(c) City or town: Norborne
(If outside city or town limits, write "RURAL")
(d) Street No.: 108 West 4Th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Fred Heil

3. (b) If veteran, name war: None

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Marie Heil

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: October (Month) 15 (Day) 1868 (Year)

8. AGE: Years: 80 | Months: 1 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Carroll County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Fred Heil Sr
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Vogt
15. Birthplace: Carroll County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Oscar Heil
(b) Address: Hardin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Trinty Luthern Cem

18. (a) Signature of funeral director: John G Deitch
(b) Address: Norborne Missouri

19. (a) Dec 6th 1948 (Date received local registrar) (b) Eileen Pennington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1948 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from Sept 12, 1945, to December 4, 1948; that I last saw him alive on December 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
1st Sept. 12, 1945	
2nd Nov. 20, 1948	
Due to: Arteriosclerosis, diffuse	?
Chronic Myocarditis	?
Due to: Hypertension, essential	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 93 D

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature: Page E Hackell (M. D. ~~or other~~)
Address: Norborne, Missouri Date signed: 12-6-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-12-48

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed John G Deitch

Licensed Embalmer No. 3654

P. O. Address Marbone 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.