

No. 300  
10:48

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3937

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4012 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rock Port.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rock Port.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Christian</b> c. (Last) <b>Heckel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 24 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7-22-1955</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	11. BIRTHPLACE (State or foreign country) <b>Hunnitting, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Wilhemina</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>E. H. Heckel</b>	ADDRESS <b>Rock Port.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema acute</b>		<b>48 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhages</b> DUE TO (c)		<b>1 wk</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Fracture of left hip</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> ADDRESSES <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Rock Port</b> (COUNTY) <b>Atchison</b>	21d. SUPPLEMENTARY INFORMATION REQUESTED <b>DD3</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb. 13 - 1949 5:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>he fell</b>
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22. I hereby certify that I attended the deceased from **14 Feb, 1949**, to **24 Feb, 1949**, that I last saw the deceased alive on **Feb 12, 1949**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) <b>Emilio P. Lettieri M.D.</b>	23b. ADDRESS <b>Rock Port, Mo.</b>	23c. DATE SIGNED <b>25 Feb 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-26-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenhill Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Rock Port, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-25-49</b>	REGISTRAR'S SIGNATURE <b>Betty Crabtree</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bartholomew Mortuary</b>	ADDRESS <b>Rock Port.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 14 1949

**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 Gratz Buchalona

Signed.....  
Student Embalmer

Licensed Embalmer No. 3173

P. O. Address Rock Port 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.