

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7214

BIRTH NO. 49-012157 REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 6234 Registrar's No. 8

10900

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

1. PLACE OF DEATH a. COUNTY Warren			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren 107		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elkhorn twsp)		c. LENGTH OF STAY (in this place) life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elkhorn twsp)		0
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			d. STREET ADDRESS (If rural, give location) R.R.#2 Warrenton A		
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Francis	c. (Last) Heidbrink	4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1949	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 13, 1949	9. AGE (In years last birthday) --	IF UNDER 1 YEAR Months --
IF UNDER 1 YEAR Days 2	IF UNDER 24 HRS. Hours	IF UNDER 1 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Warren County, Mo. 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Francis R. Heidbrink		13b. MOTHER'S MAIDEN NAME Stella L. Piller		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis R. Heidbrink, Warrenton, Mo.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congenital malformation of Intestines ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity - 30 weeks DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 13, 1949, to Feb 15, 1949, that I last saw the deceased alive on Feb 13, 1949, and that death occurred at 5:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Harold P. Hoelcher M.D. U			23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED 2-16-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-17-49	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Mo.		
DATE REC'D BY LOCAL REG. 2-17-49	REGISTRAR'S SIGNATURE Floyd A. Logan	421	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.		

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAR 3 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.

Student
Student Embalmer

Signed

John Thieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.