

5. No. 300
IV. 10. 48

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7347
Registrar's No. 81

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) R.F.D. Appleton City, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Butler Memorial Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) _____ c. (Last) Heckard	
4. DATE OF DEATH (Month) (Day) (Year) 3-7-49			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 24, 1876
9. AGE (In years last birthday) 72		10. AGE (If under 1 year) (Months) (Days) (Hours) (Min.) 2 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE NONE			
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. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Manual Daringer-Pleasant Gap		ADDRESS MO 655	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Coma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Urinary retention DUE TO (c) bronchopneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Exposure, starvation and neglect.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 190X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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 3-4 , 19 49 , to 3-7 , 19 49 , that I last saw the deceased alive on 3-6 , 19 49 , and that death occurred at 6 A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. L. Hanson M.D.		23b. ADDRESS Butler Mo	
23c. DATE SIGNED 3-7-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-8-49	
24c. NAME OF CEMETERY OR CREMATORY Myer Cemetery		24d. LOCATION (City, town, or county) (State) R.F.D. Appleton City, Mo.	
DATE REC'D BY LOCAL REG. March 7-49		REGISTRAR'S SIGNATURE Randal Kerney	
25. FUNERAL DIRECTOR'S SIGNATURE Calver-Underwood		ADDRESS Butler Mo	

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

RECEIVED

District Health Officer No.

District File Number 2-49-2

Date Filed 3-15-42

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

Robert G. Steinbeck Licensed Embalmer No. 4657

working under my personal supervision.

Signed

John G. Underwood
Licensed Embalmer No. 3585

Signed.....
Student Embalmer

P. O. Address Butler, 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.