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

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7614

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5173 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Summit</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Summit</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles north Wainwright Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 miles north Wainwright</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George Frederick</u> b. (Middle) <u>Heller</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 2 - 1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>6</u> Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Henry Heller</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Poyer</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Heller</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Heller</u> ADDRESS <u>Holt Summit Mo</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Two years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>43+</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 1, 1948, to April 2, 1949, that I last saw the deceased alive on Mar 20, 1949, and that death occurred at 6 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. D. Prisk M.D.</u> (Degree or title)	23b. ADDRESS <u>New Bloomfield Mo</u>	23c. DATE SIGNED <u>4/18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/9/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Farmers cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>North Wainwright Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-2-49</u>	REGISTRAR'S SIGNATURE <u>LeRoy Clapp</u>	39	25. FUNERAL DIRECTOR'S SIGNATURE <u>LeRoy Clapp</u> ADDRESS <u>See D.B.M.</u>
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APR 7 1945  
No. 9

**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 LeRoy Claypool

Signed.....  
Student Embalmer

Licensed Embalmer No. 4412

P. O. Address W Bloomfield

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.