

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1949

State File No. 15468

BIRTH NO. _____		REG. DIST. NO. <u>116111</u>		PRIMARY REG. DIST. NO. <u>5426</u> <u>5434</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Labadie "Rural" Boles</u>		c. LENGTH OF STAY (In this place) <u>26 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Labadie "Rural" Boles Township.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. #1 Labadie, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>George</u>		c. (Last) <u>Heisel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2nd, 1949.</u>	
5. SEX: <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 27th, 1881</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & Trucking.</u>		11. BIRTHPLACE (State or foreign country) <u>Hamburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William E. Heisel.</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Gundy.</u>		14. NAME OF DECEASED WIFE <u>Mary F. Heisel.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary F. Heisel Labadie, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>aortic regurgitation</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>chr. nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u> <u>10 yrs</u> <u>don't know</u> <u>59 2X</u>	
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 <u>July</u> , 19 <u>47</u> , to <u>June 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 2</u> , 19 <u>49</u> , and that death occurred at <u>11:45 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>309 W. 4th Washington Mo.</u>		23c. DATE SIGNED <u>6/3/49.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 5, 1949.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Evang. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>	
DATE REC'D BY LOCAL REG <u>June 3, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		94 FUNERAL DIRECTOR'S SIGNATURE <u>Nielburg & Vitt, Inc.</u>		ADDRESS <u>Washington, Mo.</u>	

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 7 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 _____
Student Embalmer

Signed

Jerome F. Svoboda
Licensed Embalmer No. *4507*
P. O. Address *Washington*

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.