

FILED AUG 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24341

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>900</b> <b>41</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b> <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Jo, Texas</b>	
c. LENGTH OF STAY (in this place) <b>Trans.</b>		d. STREET ADDRESS (If rural, give location) <b>02</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Hi. way 66 West 3 1/2 Miles</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>DICK</b>	b. (Middle) <b>RICHARD</b>	c. (Last) <b>HEILMANN</b>	(Month) <b>July</b>	(Day) <b>24</b>	(Year) <b>1949</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 3, 1929</b>	9. AGE (In years last birthday) <b>20</b>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Line Man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SW Bell Telephone</b>	11. BIRTHPLACE (State or foreign country) <b>Yale Oklahoma</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Ray Heilmann</b>	13b. MOTHER'S MAIDEN NAME <b>Hazel Amey</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>XX 445-20-8934</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ray Heilmann, Saint Jo, Texas</b>	ADDRESS <b>Saint Jo, Texas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull Fractures</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 Mins</b>
	ANTECEDENT CAUSES <b>Multiple fractures of Pelvis &amp; Lower Limbs.</b>		
	DUE TO (b) <b>Motorcycle Crash.</b>		
DUE TO (c) <b>Head-on Collision with Automobile.</b>			
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hi. Way 66</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>3 1/2 Mi. West Rolla Phelps Mo.</b>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>7-24-49 11:50A 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>In crash and thrown from motorcycle. 81</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased dead on **July 24, 1949**, and that death occurred at **12 Noon**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. H. Muel</b>	(Degree or title) <b>Coroner Phelps Co.</b>	23b. ADDRESS <b>Rolla, Missouri</b>	23c. DATE SIGNED <b>7-25-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-26-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Saint Jo, Texas</b>	24d. LOCATION (City, town, or county) (State) <b>Rolla, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-30-49</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoeck</b>	FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Muel</b>	ADDRESS <b>Rolla, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

RECEIVED

RECEIVED  
Phelps County Health Officer,  
County File Number  
Date Filed 8-1-49

**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 Paul E. Mull

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.