

# STANDARD CERTIFICATE OF DEATH

26579

FILED AUG 24 1949

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

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

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>1732</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin, Beaufort</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Meremac</u>		c. LENGTH OF STAY (In this place) <u>14 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Meremac</u>		6	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Beaufort</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>C</u>		c. (Last) <u>Heber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14 1949</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>March 25 1890</u>	
9. AGE (In years last birthday) <u>59</u>		10. UNDER 1 YEAR Days <u>4</u>		11. UNDER 1 MONTH Hours <u>20</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>			
13a. FATHER'S NAME <u>John Bauer</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Kloppenborg</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Heber Beaufort Mo</u>			
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) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbidity 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 <u>Diabetes Mellitus</u>				INTERVAL BETWEEN DEATH AND DEATH <u>8 Mon</u>  <u>4341</u>  <u>24 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>		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) _____		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>Jan 6, 1947</u> to <u>Aug 14, 1949</u> that I last saw the deceased alive on <u>Aug 13, 1949</u> and that death occurred at <u>6 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>L. M. Matthews</u> (Degree or title) _____				23b. ADDRESS <u>Beaufort Mo</u>		23c. DATE SIGNED <u>8-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 16 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Anthony Cath. Cent.</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-14-49</u>		REGISTRAR'S SIGNATURE <u>E. H. Brant 970</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Brant</u> ADDRESS <u>Beaufort Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
AUG 22 1919  
District Health Officer No. 9,  
District Fil: Number

### 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

*E. H. Lemme*

Student Embalmer No. ~~3076~~

working under my personal supervision.

Signed

*E. H. Lemme*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3076*

P. O. Address

*Beaufort, N.C.*

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.