

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29983

State File No.

FILED OCT 15 1949

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5469 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL FRANKLIN TOWNSHIP</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	4i
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>FRANKLIN TOWNSHIP</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>		b. (Middle)	c. (Last) <u>HEIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 7 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>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAR-19-1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Days <u>18</u>	IF UNDER 24 HRS. Hours <u>18</u>
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	11. BIRTHPLACE (State or foreign country) <u>GRUNDY CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>VALENTINE HEIN</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE MAU</u>		14. NAME OF HUSBAND OR WIFE	
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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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GAY LEWIS SPICKARD 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do not know</u>			
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>831X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Oct. 4th, 1949, to Oct. 7th, 1949, that I last saw the deceased alive on Oct. 6th, 1949, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Oliver F. Duffy M.D.</u>		23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>OCT. 9th 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARTIN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct-9-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nathan Cooper</u>	114	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schenker Funeral Home Spickard MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.

Student
Student Embalmer

Signed

Ross Wise

Licensed Embalmer No.

3771

P. O. Address

Spickard 9mo

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.