No. 300
10.48

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32708

BIRTH NO. ~~330~~ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 6112A Registrar's No. 14

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

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL KELSO TWP
c. LENGTH OF STAY (In this place): 23 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 MI SW OF ANCELL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL KELSO TWP
d. STREET ADDRESS (If rural, give location): 2 MI SW OF ANCELL

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): NMI
c. (Last): HEURING

4. DATE OF DEATH (Month) (Day) (Year): SEPT 21 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 13, 1892
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): NEW HAMBURG, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: GEORGE HEURING
13b. MOTHER'S MAIDEN NAME: JOSEPHINE DIRNBERGER
14. NAME OF HUSBAND OR WIFE: COLETTA KLIPFEL HEURING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs Coletta Heuring — ADDRESS: Illmo, Mo

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.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	
DUE TO (c)	8224
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	32

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kelso - Scott Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 21 1949 7 Am m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Farm tractor turned over crushing his body

22. *I hereby certify that I attended the deceased from* Died without medical attendance, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. F. Dorris M.D. Registrar
23b. ADDRESS: Illmo, Mo.
23c. DATE SIGNED: Sept 22 49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT 24, 1949
24c. NAME OF CEMETERY OR CREMATORY: S. AUGUSTINE'S CATHOLIC
24d. LOCATION (City, town, or county) (State): KELSO MISSOURI

DATE REC'D BY LOCAL REG.: 9-22-49
REGISTRAR'S SIGNATURE: R. F. Dorris
25. FUNERAL DIRECTOR'S SIGNATURE: Bisplinghoff Funeral Home — ADDRESS: Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 1949

RECEIVED [redacted]

District Health Office No. 2,

District File Number 949-939

Date Filed

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

working under my personal supervision.

Student Embalmer No.

Signed Oliver C Amick

Signed

Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Elmo, 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.