

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4035 State File No. 7569

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 9091 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rockville Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rockville Mo.</b>	
c. LENGTH OF STAY (in this place) <b>30 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 11 1950</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Fredericka</b> c. (Last) <b>Heyle</b>		5. SEX <b>Fem</b> 6. COLOR OR RACE <b>White</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> 8. DATE OF BIRTH <b>July-20 1869</b> 9. AGE (In years last birthday) <b>80</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>27</b> IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>James Kedell</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Kauffman</b>	
14. NAME OF HUSBAND OR WIFE <b>William E Heyle</b>		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>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alvin K Heyle 3815 Mcbee St. 6 Mo.</b>	
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) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES DUE TO (b) <b>dead on arrival</b> DUE TO (c)  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 <b>Found dead at her home - No medical attendance</b>	
19c. INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>		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 <b>19</b> to <b>19</b> , that I last saw the deceased alive on <b>12-30</b> , 19 <b>50</b> , and that death occurred at <b>12-30</b> m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <b>John G. Underwood Coroner</b>		22b. ADDRESS <b>Butler - Missouri</b>	
22c. DATE SIGNED <b>3/13/50</b>		23. NAME OF CEMETERY OR CREMATORY- <b>Rockville Cem</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Mar 14 1950</b>	
23c. LOCATION (City, town, or county) (State) <b>Rockville Mo.</b>		23d. NAME OF CEMETERY OR CREMATORY- <b>Rockville Cem</b>	
DATE REC'D BY LOCAL REG. <b>Mar 13-1950</b>		REGISTRAR'S SIGNATURE <b>Frank Lee</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Lee</b>		ADDRESS <b>Appleton City Mo</b>	

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

RECEIVED

District Health Officer No. 7,

District File Number 2-50-264

Date Filed 3-22-50

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 \_\_\_\_\_

on the 11<sup>th</sup> day of Mar 1950

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.