

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10059

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 119

944  
B

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give street or town) <b>Farmington, Missouri</b>		c. LENGTH OF STAY <b>63 years</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>		d. STREET ADDRESS (If rural, give location) <b>Farmington, Mo., R R # 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Realty Bldg.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Henry Charles</b> c. (Last) <b>Heck</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 29 1950</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>April 16, 1887</b>		9. AGE (In years last birthday) <b>62</b>		10. MONTHS <b>11</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Francois County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>		13. DAYS <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>St. Francois County, Mo.</b>	
13a. FATHER'S NAME <b>Dennis Heck</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Herbst</b>		14. NAME OF HUSBAND OR WIFE	

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>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Arthur D. Bowyer</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		ADDRESS <b>Farmington, Missouri</b>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		<b>10 years</b>	
DUE TO (c) <b>arteriosclerosis</b>		<b>10 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>447X</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 **Feb. 2, 1950** to **Mar. 29, 1950**, that I last saw the deceased alive on **Feb. 2, 1950**, and that death occurred at **5:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>L. M. Stauffer</b>		23b. ADDRESS <b>Farmington, Mo.</b>		23c. DATE SIGNED <b>3/30/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/31/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery Farmington</b>	
24d. LOCATION (City, town, or county) (State) <b>Missouri.</b>					

DATE REC'D BY LOCAL REG. <b>Mar. 30, 1950</b>		REGISTRAR'S SIGNATURE <b>Esther Rudolph</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Funeral Home Farmington Mo</b>	
				ADDRESS <b>Farmington Mo</b>	

RECEIVED

APR 3 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-488

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 Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington 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.