

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 11 1950 STANDARD CERTIFICATE OF DEATH

11709

State File No. _____

BIRTH NO. 25696-50 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 54

1982
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA - Rural</u>	
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DIANE</u> b. (Middle) <u>-</u> c. (Last) <u>HECK.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-4-1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	
8. DATE OF BIRTH <u>APRIL-2-1950</u>		9. AGE (In years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>NEVADA, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>HOWELL HECK, JR.</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY HARRIS.</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howell Heck Jr., Nevada, Mo.</u> ADDRESS _____	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Summum 7 mo.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1705</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RH failure negative</u>				
		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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 APR 2, 1950, to APR 4, 1950, that I last saw the deceased alive on APR 4, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MR</u>		23b. ADDRESS <u>Rich Hill, Mo</u>		23c. DATE SIGNED <u>APR 3 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>April 5, 50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Rich Hill, MO</u>	
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RECEIVED
District Health Officer No. 7,
District File Number 3-50-371
Date Filed 4-10-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John H Underwood
Licensed Embalmer No. 3585

P. O. Address Budley MD

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.