

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 11301

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 3000 Registrar's No. 98

00130

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sharon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brunswick</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>0210</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirksville Coll. Osteop. Sch.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>L</u> c. (Last) <u>Hecke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Oct. 21, 1925</u>		9. AGE (In years last birthday) <u>24</u>		10. HOURS <u>29</u> MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>odd Jobs</u>		11. BIRTHPLACE (State or foreign country) <u>Brunswick Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert Hecke</u>		13b. MOTHER'S MAIDEN NAME <u>Mara Pains</u>	
14. NAME OF HUSBAND OR WIFE <u>L</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>496-26-1794</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert Hecke</u> ADDRESS <u>Brunswick Mo</u>					

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tetanus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
ANTÉCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Puncture wound rt. foot</u>			<u>11 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>021</u>			<u>29/31</u> <u>3</u>

19a. DATE OF OPERATION <u>4/9/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Infected puncture wound rt. foot</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 3, 1950</u>			21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Stepped on nail in barnyard.</u>
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22. I hereby certify that I attended the deceased from 4/9, 1950, to 4/13, 1950, that I last saw the deceased alive on 4/13, 1950, and that death occurred at 11:22 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald Sieff, D.O., KCO S Clinician</u>		23b. ADDRESS <u>Kirksville</u>		23c. DATE SIGNED <u>4/14/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>4-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lower Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK, MO.</u>					

DATE REC'D BY LOCAL REG. <u>4-15-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.W. Heisel</u> ADDRESS <u>BRUNSWICK, MO.</u>	
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RECEIVED

APR 27 1950

District Health Officer No.

District No. Number 4-50-6

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, ~~only~~ \_\_\_\_\_

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Clarence M. Bilbo

Licensed Embalmer No. 4375

P. O. Address Kribville, 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.