

No. 300
10.48

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29087

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4468 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>St. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY OR TOWN <u>ST. MARYS</u>	c. LENGTH OF STAY (in this place) <u>6 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. MARYS, Mo.</u> <u>0950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>ST. MARYS, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>	b. (Middle) <u>-</u>	c. (Last) <u>Heob</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 21, 1888</u>	9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ernest Heob</u>	13b. MOTHER'S MAIDEN NAME <u>MARY CARSON</u>	14. NAME OF HUSBAND OR WIFE <u>MARY GENDRON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Gendron Heob</u> ADDRESS <u>St. Marys Mo</u>
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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, ashenia, 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) <u>Carcinoma of stomach with generalized carcinomatosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	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 31 July 1950, to 18 Aug., 1950, that I last saw the deceased alive on 17 Aug., 1950, and that death occurred at 1:30 a. m., from the cause and on the date stated above.

23a. SIGNATURE <u>Joseph F. Pitkewille</u> (Degree or title) <u>MD.</u>	23b. ADDRESS <u>St. Marys Mo.</u>	23c. DATE SIGNED <u>18 Aug 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ellis Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Ellis Grove, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>8-20-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	350	FUNERAL DIRECTOR'S SIGNATURE <u>Les C. Basler</u> ADDRESS <u>St. Genevieve</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 7 1950
056131 130

File No. _____
DISTRICT HEALTH OFFICE No. 4
AUG 22 1950

RECEIVED

OCT 8 1950

AUG 25 1950

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.

Signed Adrian J. Ehler

Signed _____
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address St. Genevieve

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.