

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32906**

FILED OCT 24 1950

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>56</b>   |  | PRIMARY REG. DIST. NO. <b>4080</b>  |  | Registrar's No. <b>17</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Carroll</b> <b>Egypt</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Horborne</b>   |  |  |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Horborne</b> <b>0170</b>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>307-E-3rd Street</b>  |  |  |  | d. STREET ADDRESS (If rural, give location) <b>307-E-3rd Street</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Earnest</b> b. (Middle) <b>William</b> c. (Last) <b>Heil</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 18 1950</b> |   |  |  |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 8. DATE OF BIRTH <b>Dec 4 - 1870</b>                               |  |
| 9. AGE (In years last birthday) <b>79</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farm Owner</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>  |  | 11. BIRTHPLACE (State or foreign country) <b>Carroll County Mo</b> |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  | 13a. FATHER'S NAME <b>Fred Heil Sr.</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Mary Tougt</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Lena Heil</b>                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>No</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rudolph Heil Horborne Mo</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart failure</b>  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b>                                     |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Diabetes mellitus</b> |  |   |  |  | <b>?</b>   |
|  |  | DUE TO (c) <b>Arteriosclerosis</b>   |  |   |  |  | <b>?</b>   |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Cystitis, colitis</b> |  |   |  |  | <b>?</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)   |  | <b>21b AX</b>  |  |
| 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>Nov 22, 1942</b> , to <b>Oct 18, 1950</b> , that I last saw the deceased alive on <b>Oct 18, 1950</b> , and that death occurred at <b>1:09 a. m.</b> , from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE <b>Ralph S. Haskell, M.D.</b> (Degree or title)   |  |  |  | 23b. ADDRESS <b>Horborne, Mo</b>  |  | 23c. DATE SIGNED <b>10-19-50</b>                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE <b>Oct 20-1950</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery 1/2 mile North Horborne</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Mo</b>            |  |
| DATE REC'D BY LOCAL REG. <b>Oct 19-1950</b>  |  | REGISTRAR'S SIGNATURE <b>Eileen Pennington</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Tom Shultz Sr. Horborne</b>   |  |  |  |

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

170



MAR 19 1951

**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 me.

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

John A. Reitch Sr.

Licensed Embalmer No. 3654

P. O. Address. Warbonnet 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.