

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

070 34197
State File No.

5810
4345 Registrar's No. 28

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montg.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural" Loutre</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural" Loutre</u>	
c. LENGTH OF STAY (in this place) <u>75 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Southern Montg. Co.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>AUGUST</u>	b. (Middle)	c. (Last) <u>HEYING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-11-1950</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>9-14-1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Month Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Heying</u>	13b. MOTHER'S MAIDEN NAME <u>Henrietta Struttman</u>	14. NAME OF HUSBAND OR WIFE <u>Malvenia Heying</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>S. B. Heying - Rhineland 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive hemorrhage - retro-pertoneal - left right side only</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) <u>Hypertensive heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>18234</u> <u>22</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Country road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rhineland - Mont. Mo</u>
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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? <u>Drove off road in fog.</u>
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22. I hereby certify that I attended the deceased from Oct. 9, 1950, to Oct. 11, 1950, that I last saw the deceased alive on Oct. 11, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Ryan</u> (Degree or title) <u>Med.</u>	23b. ADDRESS <u>Herrmann Mo</u>	23c. DATE SIGNED <u>10/11/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/14/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>	24d. LOCATION (City, town, or county) (State) <u>Rhineland, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 13th 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Francis Bush</u>	437	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kottmeyer & Co.</u>	ADDRESS <u>Rhineland Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

APR 3 1958

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 D B Baker

Licensed Embalmer No. 337V

P. O. Address American

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.