No. 300
10-48

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39724

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 401V Registrar's No. 67

.030

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

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rock Port.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) nonr

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rock Port. 0030
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print)
a. (First) Earl
b. (Middle) Herbert
c. (Last) Heckel

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married!
8. DATE OF BIRTH 2/1/1886
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months 10 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner
10b. KIND OF BUSINESS OR INDUSTRY Blacksmith
11. BIRTHPLACE (State or foreign country) Rock Port. Mo., 0
12. CITIZEN OF WHAT COUNTRY? Am.

13a. FATHER'S NAME Henry Heckel
13b. MOTHER'S MAIDEN NAME Wilhemina Traub.
14. NAME OF HUSBAND OR WIFE Clara Heckel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Clara Heckel. ADDRESS Rockport. Mo.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart
DUE TO (c) disease c̄ myocardial failure — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 4 200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 13, 1950, *to* Dec 13, 1950, *that I last saw the deceased alive on* Dec 12, 1950, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Emmett B Settle MD
23b. ADDRESS Rock Port Mo
23c. DATE SIGNED Dec 13, 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/15/1950
24c. NAME OF CEMETERY OR CREMATORY Greenhill Cem.
24d. LOCATION (City, town, or county) (State) Rockport. Mo.,

DATE REC'D BY LOCAL REG. Dec 14, 1950
REGISTRAR'S SIGNATURE Marvin H. Schooler 443
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bartholomew Mortuary, Rockport

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 18 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Geo Bartholomew
Licensed Embalmer No. 3173
P. O. Address Rock Port, 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.