

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1951

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5093 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-NEW HOME TWP.</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-NEW HOME TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>4 MI. N.W. RICH HILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MI. N.W. RICH HILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL - 15 - 1951</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HECKADON</u> c. (Last) <u>HECKADON</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> 8. DATE OF BIRTH <u>AUG-24-1860</u> 9. AGE (In years last birthday) <u>90</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
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>FARM.</u>	
11. BIRTHPLACE (State or foreign country) <u>FONTANA-KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PHILLIP HECKADON</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MCDOWELL</u>	
14. NAME OF HUSBAND OR WIFE <u>MAGGIE HECKADON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Heckadon - Foster, Mo.</u> ADDRESS _____	
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>Angerter heart failure</u> ANTECEDENT CAUSES <u>due to (b) by pneumonia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>44.3x</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Mar 1</u> , 19 <u>51</u> , to <u>Apr 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Apr 14</u> , 19 <u>51</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Henry Heckadon</u> (Degree or title)		23b. ADDRESS _____	
23c. DATE SIGNED <u>Apr 17 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>APRIL-17-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Serv. Rich Hill</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>Apr. 17, 1951</u>		REGISTRAR'S SIGNATURE <u>Mr. Edna Douglas</u> 21	

**RECEIVED** 4-19-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 4-19-51 \_\_\_\_\_

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Robert G. Steinbeck

Signed.....  
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.