

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20677

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4295 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>White side</u>	c. LENGTH OF STAY (In this place) <u>11 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>White side</u> <u>0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Block South Post office</u>		d. STREET ADDRESS (If rural, give location) <u>1 Block South of Post office</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Conrad</u>	b. (Middle)	c. (Last) <u>Heumann.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1951</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>Feb 22, 1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF 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>Policeman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Christian Heumann</u>	13b. MOTHER'S MAIDEN NAME <u>Magalina Kempf</u>	14. NAME OF HUSBAND OR WIFE <u>Velva Heumann</u>
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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>Velva Heumann</u>	ADDRESS <u>White side 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>33 H</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis.</u>		
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)	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 Feb, 1950, to June 4, 1951, that I last saw the deceased alive on June 4, 1951, and that death occurred at 2 P. m. from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Cunniff M.D.</u>	(Degree or title)	23b. ADDRESS <u>Siles, Mo.</u>	23c. DATE SIGNED <u>June 5/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 6, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Alexandria</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>
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DATE REC'D BY LOCAL REG <u>6/22/51</u>	REGISTRAR'S SIGNATURE <u>NE Goock-Hepler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McCue Funeral Service</u>	ADDRESS <u>Easton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 30 1951

RECEIVED

NOV 9 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Colia 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.