

FILED AUG 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0491  
23425  
State File No. 152

BIRTH NO.		REG. DIST. NO. 157	PRIMARY REG. DIST. NO. 3028	Registrar's No. 152
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before institution). a. STATE Mo b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) Carthage Mo		c. CITY (If outside corporate limits, write RURAL and give township) Carthage Mo		
c. LENGTH OF STAY (in this place) 1 da		d. STREET ADDRESS (If rural, give location) P 7 d Mo Juph		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune Brook				
3. NAME OF DECEASED (Type or Print) a. (First) Hugo M. Heddlage		b. (Middle) M. Heddlage		c. (Last) Heddlage
4. DATE OF DEATH 7-20-1951				
5. SEX M	6. COLOR OR RACE Wk	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 3-11-1889	9. AGE (In years) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Newton Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Clement Heddlage		13b. MOTHER'S MAIDEN NAME Bernandina Klee Kamp (Pearl)		14. NAME OF HUSBAND OR WIFE Mrs Pearl Heddlage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Pearl Heddlage	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pectoral Angina		DUE TO (b) Chr. Pneumatic heart		10 years
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
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 4/6 X		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) m.		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 7-19-1951, to 7-20-1951, that I last saw the deceased alive on 7-19-1951, and that death occurred at 1:30 A.M., from the causes and on the date stated above.				
23a. SIGNATURE W. Heddlage (Degree or title)		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 7-24-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-23-51	24c. NAME OF CEMETERY OR CREMATORY St Agnes Cem	24d. LOCATION (City, town, or county) (State) Carthage Mo
DATE REC'D BY LOCAL REG. 7-25-51		REGISTRAR'S SIGNATURE L B Clinton, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jackson Anna, Carthage Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

8-2-51

Jasper County Health Office

5177608

County File Number

8-2-51

Date Filed

AUG 20 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

W.K. Jackson

Licensed Embalmer No.

3954

P. O. Address

Jasper Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.