S. No. 300
. 10.48

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

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3933

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 10

061
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1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar Mo
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): Lamar Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lockwood Mo 0290
d. STREET ADDRESS (If rural, give location): Rural Marion twp 1

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Walter
c. (Last): Heiskell

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7 1952

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 8 1869
9. AGE (In years last birthday): 82 — If under 1 year: Months 7 Days 29 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): unkown 9
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: Geo. "ashington Heiskell
13b. MOTHER'S MAIDEN NAME: Martha Davidson
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Harold Heiskell Lockwood 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 myocardial Infection — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic Heart Disease — yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Virus Pneumonia — 2 Days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
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* Feb 4, 1952, *to* Feb. 7, 1952, *that I last saw the deceased alive on* Feb 7, 1952, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jern T. Bickel (Degree or title) MD
23b. ADDRESS: Lamar, Mo.
23c. DATE SIGNED: 2/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 10 1952
24c. NAME OF CEMETERY OR CREMATORY: Kings Point
24d. LOCATION (City, town, or county) (State): Dade Co Mo.

DATE REC'D BY LOCAL REG.: FEB 9 - 1952
REGISTRAR'S SIGNATURE: Marie Konarik 14-0
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: W.R.Allison Greenfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 W. R. Allison

Signed.....
Student Embalmer

Licensed Embalmer No. 4404

P. O. Address Springfield Ill

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.