

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7847**

MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **5315** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Saline Twsp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wooldridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home.		d. STREET ADDRESS (If rural, give location) Rural Saline Twsp.	

3. NAME OF DECEASED (Type or Print)	a. (First) Clara	b. (Middle)	c. (Last) Heckerman	4. DATE OF DEATH (Month) (Day) (Year) March 24 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH April 2 1877	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Days 0 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Moniteau County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Heckerman	13b. MOTHER'S MAIDEN NAME Marie Stock	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give way or dates of service)	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Chris Heckerman, Wooldridge, Mo. ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 0
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 153X	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) m.	21e. INJURY OCCURRED WHILE AT <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 **March 18** to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE M.D. Brownell (Degree or title)	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 3/25/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 26/1952	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Pleasant Grove, Cooper Co.
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DATE REC'D BY LOCAL REG. 3/28/52	REGISTRAR'S SIGNATURE U.T. Meredith	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo. ADDRESS Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *G. F. Boller*

Licensed Embalmer No. *3062*

P. O. Address *Boonville, 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.