

STANDARD CERTIFICATE OF DEATH

State File No. **28686**

FILED AUG 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>2040</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 8 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hurricane		0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital				d. STREET ADDRESS Rural rural, give location) 3 miles east of Hale, M			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) _____		c. (Last) Heesch		4. DATE OF DEATH (Month) (Day) (Year) August 13-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 11, 1892		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Pleasanton, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Claus Heesch			13b. MOTHER'S MAIDEN NAME Amanda Loshe		14. NAME OF HUSBAND OR WIFE Edith Berg Heesch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Berg Heesch, Hale, Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 18 hrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Chillicothe Riv. MO			
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 _____			
22. I hereby certify that I attended the deceased from Aug 13, 1952 to Aug 13, 1952 that I last saw the deceased alive on Aug 13, 1952 and that death occurred at 2:30 PM , from the causes and on the date stated above.							
SIGNATURE S. M. Dowell, M.D. (Degree or title)				23b. ADDRESS Chillicothe MO		23c. DATE SIGNED 8/15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 16-1952		24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery		24d. LOCATION (City, town, or county) (State) Hale Missouri	
DATE REC'D BY LOCAL REG. 6/15/52		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank E. Slater, Hale, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

YS DEC 23 1958

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.