

No. 306
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42790

State File No.

FILED DEC 31 1952

| | | | | | | | |
|--|-------------------------------|--|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>195</u> | | PRIMARY REG. DIST. NO. <u>4309</u> | | Registrar's No. <u>73</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>SouthWest City</u> | | c. LENGTH OF STAY (In this place) <u>38 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>SouthWest City</u> | | <u>0600</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>J</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Winfield</u> b. (Middle) <u>Hancock</u> c. (Last) <u>Heckman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 52</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Aug. 28 1882</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter & Paper hanger</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>I. G. Heckman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Olive Stines</u> | | 14. NAME OF HUSBAND OR WIFE <u>Single</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maggie Sayre</u> | | ADDRESS <u>SouthWest City</u> | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Passive congestion</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Senility</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | | | | 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) <u>Southwest City McDonald Missouri</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>11-29</u> , 19 <u>52</u> , to <u>11-29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-29</u> , 19 <u>52</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. E. Wasmack M.D.</u> | | | | 23b. ADDRESS <u>Southwest City, Mo.</u> | | 23c. DATE SIGNED <u>12-2-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-2-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>SouthWest City, Mo.</u> | | 24d. LOCATION (City, town, or county) (State) <u>SouthWest City, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-4-52</u> | | REGISTRAR'S SIGNATURE <u>Marjorie Humphrey</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Morris Logan</u> | | ADDRESS <u>Wheaton, Mo.</u> | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James Kenneth Duncan

Licensed Embalmer No. *4767*

P. O. Address *Wheaton 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.