

No. 300  
10.48

4798

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5106 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Cole Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Township	
c. LENGTH OF STAY (in this place) 16 Years		d. STREET ADDRESS (If rural, give location) 12 Miles South of Lincoln	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 Miles South of Lincoln			

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Oscar c. (Last) Heitzig			4. DATE OF DEATH (Month) (Day) (Year) Mar 1st 1953		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept 6th 1875		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months 5 Days 22	
11. BIRTHPLACE (City and State or Foreign Country) Fieldon Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm			

13a. FATHER'S NAME Frederick Heitzig		13b. MOTHER'S MAIDEN NAME Anna Wahle		14. NAME OF HUSBAND OR WIFE Elizabeth Heitzig	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Elizabeth Heitzig	
(If yes, give war or dates of service) _____				ADDRESS #2 Lincoln 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <del>Chronic Nephritis with cardio renal disease.</del> Final heart failure.					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic osteoarthritis.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) None		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 Apr 26th 19 51, to Feb 28th 19 53 that I last saw the deceased alive on Feb 28th, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. A. Marty, M. D.		23b. ADDRESS Lakeview Heights, Mo		23c. DATE SIGNED 3-3-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 5th-53		24c. NAME OF CEMETERY OR CREMATORY St Peters & raul	
				24d. LOCATION (City, town, or county) Cole Camp Missouri	

DATE REC'D BY LOCAL REG. Mar 4 1953		REGISTRAR'S SIGNATURE E L Eickhoff 394		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E L Eickhoff Cole Camp, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

080

0080

**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 E L Euckhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp MS

**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.