

FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22321**

122

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manlyville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Conception</u>	
c. LENGTH OF STAY (in this place) <u>16 days</u>		d. STREET ADDRESS (If rural, give location) <u>Conception Abbey 1</u>	
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>S t. Francis Hospital</u>			

3. NAME OF DECEASED (First) <u>Rev. Fr. VICTOR</u>	a. (Middle) <u>JOSEPH</u>	c. (Last) <u>HEINEN</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>24</u> (Year) <u>1953</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 26, 1909</u>	9. AGE (In years if UNDER 1 YEAR last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Catholic Priest Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Wilo, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew J HEINEN</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Joseph</u>	14. NAME OF HUSBAND OR WIFE <u>(Single)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Conception Abbey</u>	ADDRESS <u>Conception</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Peripheral Circulatory Failure</u>			<u>6 days</u>
	DUE TO (c) <u>Adynamic Paralytic ileus</u>			<u>6 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5603</u>				

19a. DATE OF OPERATION <u>6/10/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ventral Hernia - Cortical intestinal obstruction - Adhesions</u>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <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 June 9, 1953, to June 24, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Manlyville</u>	23c. DATE SIGNED <u>6/24/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Conception Nodaway Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-27-53</u>	REGISTRAR'S SIGNATURE <u>Beas Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fatoy J. Phillips</u>	ADDRESS <u>Stoubery</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*John J. Phillips*

Licensed Embalmer No. 1898

P. O. Address *Stambridge Md*

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.