

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 405

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Holt

b. CITY (If outside corporate limits, write RURAL and give township) St Joseph

c. CITY OR TOWN Craig

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 2

e. STREET ADDRESS (If rural, give location) 0441

3. NAME OF DECEASED
a. (First) Luke b. (Middle) - c. (Last) Heits

4. DATE OF DEATH (Month) (Day) (Year) April 21 - 1954

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH July 21 - 1881

9. AGE (in years last birthday) 72 9 Months 0 Days 0 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (City and State or Foreign Country) Germany 4

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John Heits

13b. MOTHER'S MAIDEN NAME Anka Post

14. NAME OF HUSBAND OR WIFE Dora Heits

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Robbins Craig, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic syndrome associated with renal

INTERVAL BETWEEN ONSET AND DEATH 3. mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Brain disease 4221

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1954, to April 21, 1954, that I last saw the deceased alive on April 20, 1954, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Forrest Thomas M.D.

23b. ADDRESS St Joseph Mo 91 State Hosp No 2

23c. DATE SIGNED 5/21-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Funeral removal

24b. DATE 4/23/54

24c. NAME OF CEMETERY OR CREMATORY Mount Hope

24d. LOCATION (City, town, or county) (State) Corning, Mo.

DATE REC'D BY LOCAL REG. April 21, 1954

REGISTRAR'S SIGNATURE Kathleen M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilbur L. Schoder - Craig, Mo.

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

SEP 6 1955

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 Myself....., Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Wilber L. Scholes.....

Licensed Embalmer No. 399.....

P. O. Address Craig, M.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.