

FILED JAN 30 1954

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. <u>aug</u>		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>4172</u> Registrar's No. <u>49</u>		
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0320</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Frank</u>		a. (First) <u>Ulrich</u>		b. (Middle) <u>Heckendorf</u>		
c. (Last)		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>31</u> (Year) <u>1954</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 13, 1861</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Watertown Wis.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Christian Heckendorf</u>		13b. MOTHER'S MAIDEN NAME <u>Louise</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Louise Heckendorf</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rose Mary Powell Stewartville</u>		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial insufficiency</u> DUE TO (c) <u>Senility</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>8 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>			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) m.		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 <u>July 30</u> , 19 <u>54</u> , to <u>July 31</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 31</u> , 19 <u>54</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>E. J. Diney</u>		(Degree or title) <u>Dr 2</u>		23b. ADDRESS <u>Stewartville, Mo.</u>		
23c. DATE SIGNED <u>8-6-54</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DeKalb</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-21-54</u>		REGISTRAR'S SIGNATURE <u>W. C. Sumner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Sumner</u> ADDRESS <u>Stewartville Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

W. E. Immers, Jr.

Licensed Embalmer No. *2009*

P. O. Address *Stewartsville 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.