

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1599

State File No. ....

BIRTH NO. .... REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5642 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived, if Institution; residence before institution) b. STATE <u>Missouri</u> d. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackburn Rural</u>		c. CITY OR TOWN <u>Blackburn</u>	
c. LENGTH OF STAY (In this place) <u>68 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>6540</u>	
d. FULL NAME OF (If age <u>70</u> include birth date, if death address or location) HOSPITAL OR INSTITUTION		No. STREET ADDRESS <u>Rural Meddleton Twsp</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Claus</u>	b. (Middle) <u>Heins</u>	c. (Last) <u>Heins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 30 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>10/22/1869</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 12 HRS. Days <u>8</u>	Hour <u></u>	Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lancaster, Hanover, Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Heins</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Witten</u>	14. NAME OF WIFE OR WIFE <u>Anna Borchers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Heins</u>	ADDRESS <u>Blackburn, Mo</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, asthma, 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* (a) <u>Weakness</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal resection,</u> DUE TO (c) <u>Cancer of Colon.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>		<u>153X</u>	

19a. DATE OF OPERATION <u>7/11/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon and Spleen.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 12/13/46, to 1/30/55, that I last saw the deceased on 1/30/55, and that death occurred at 12:45 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Edmund P. Mack, M.D.</u>	(Degree or Title) <u>M.D.</u>	23b. ADDRESS <u>Concordia, Mo.</u>	23c. DATE SIGNED <u>1/31/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/2/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Alma, Lafayette, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 31-1955</u>	REGISTRAR'S SIGNATURE <u>Clayton N. Landrum</u>	154	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred H. Brewer</u>	ADDRESS <u>Alma, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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, ~~only~~..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Alfred H. Bremer*.....

Licensed Embalmer No. *769*.....

P. O. Address *Alma 7*.....

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.