

FILED MAY 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. **10913**BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3001 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Vandalia		c. CITY OR TOWN Vandalia	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) YEARS		e. STREET ADDRESS (If rural, give location) 614 West State	
d. FULL NAME OF HOSPITAL OR INSTITUTION 614 West State			

3. NAME OF DECEASED (Type or Print)	a. (First) Helen	b. (Middle) V. T.	c. (Last) Hechler	4. DATE OF DEATH (Month) (Day) (Year) April 28, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug 20, 1905	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 8 Days 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician	10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop	11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME John Simon Hechler	13b. MOTHER'S MAIDEN NAME Mary Margaret Busch	14. NAME OF HUSBAND OR WIFE
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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) NO	16. SOCIAL SECURITY NO. 492-09-1503	17. INFORMANT'S SIGNATURE OR NAME Sarah Hechler, Vandalia, Mo	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 yrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis	ANTECEDENT CAUSES DUE TO (b) Carcinoma of breast <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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?

22. I hereby certify that I attended the deceased from March 29, 1955, to April 27, 1955, that I last saw the deceased alive on April 27, 1955, and that death occurred at 11:00A m., from the causes and on the date stated above.

23a. SIGNATURE H. H. Blaud M.D.	(Degree or title)	23b. ADDRESS Vandalia, Missouri	23c. DATE SIGNED April 30, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 1, 1955	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. May 1 1955	REGISTRAR'S SIGNATURE D. Nellie Fugate	FUNERAL DIRECTOR'S SIGNATURE William B. Waters	ADDRESS Vandalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 30 1955
MAY 26 1955
AUG 2 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. Gault*

Licensed Embalmer No. *41*

P. O. Address *Vandalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.