

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21706

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RuWashington</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1/2 mile West Concord Hill.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henrietta</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Heggemann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 15, 1922</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School Lunch</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marthasville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Ed. Heggemann</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Sickmann</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>487-38-1778</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ed. Heggemann, Marthasville, Mo.</u>	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, 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>Carcinoma of both ovaries with metastases</u>		<u>1934</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>175X</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malig react hypertension</u>		<u>1948</u>

19a. DATE OF OPERATION <u>12-9-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of both ovaries with metastases</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 Sept 10, 1948, to July 12, 1955, that I last saw the deceased alive on July 12, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Schumacher MD</u>	(Degree or title)	23b. ADDRESS <u>Marthasville, Mo</u>	23c. DATE SIGNED <u>7-14-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ignatius Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warren County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7/14/55</u>	REGISTRAR'S SIGNATURE <u>F.P. Sickmann</u>	9-9-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. ...</u>	ADDRESS <u>Marthasville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 7 1956

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 *Almond F. Zickler*

Licensed Embalmer No....4318

P. O. Address *Marthasville,*

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.