

FILED SEP 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. 26956

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5742 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin (Rural) Russell Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin, (Rural) Russell Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Route #3,	
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) A. G. c. (Last) Heldt	
4. DATE OF DEATH Sept. 3, 1955		5. SEX male 6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 4, 1864	
9. AGE (In years last birthday) 91		10. KIND OF BUSINESS OR INDUSTRY Own shop	
11. BIRTHPLACE (City and State or Foreign Country) Husum, Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter S. Heldt		13b. MOTHER'S MAIDEN NAME Catherine Mattison	
14. NAME OF HUSBAND OR WIFE deceased		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 Mrs. Anna Anspach, Bucklin, Mo. Rt. 3	
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) Coronary Thrombosis 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) senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Sept 3, 1955 , to Sept 3, 1955 , that I last saw the deceased alive on Sept 3, 1955 , and that death occurred at 3:45 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) B. A. Dinkelbender M.D.		23b. ADDRESS Bucklin Mo	
23c. DATE SIGNED 9-3-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Cash Cemetery	
24d. LOCATION (City, town, or county) (State) New Cambria, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Larson Funeral Service, Bucklin, Mo.	
DATE REC'D BY LOCAL REG. 9/3/1955		REGISTRAR'S SIGNATURE Keith M. Neely '85	

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

RECEIVED 9.13.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.55.157
Date Filed 9.14.55

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 C. L. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.