

FILED OCT 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. 29296

BIRTH NO. 21445-55 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.		c. CITY OR TOWN R. R. # 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION 617 W Main Str.		e. STREET ADDRESS (If rural, give location) Jefferson City, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) JOYCE b. (Middle) ANN c. (Last) HECKMAN			4. DATE OF DEATH (Month) (Day) (Year) SEPT 28, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	
8. DATE OF BIRTH April 23, 1955		9. AGE (In years last birthday) 5		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 24 HRS. Hours Min.	

13a. FATHER'S NAME Harold Heckman		13b. MOTHER'S MAIDEN NAME Bernice Renkemeyer		14. NAME OF HUSBAND OR WIFE None	
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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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold HECKMAN WARDSVILLE, MO.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Lymphaticus thymicus		INTERVAL BETWEEN ONSET AND DEATH Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hyper respiratory infection			
		DUE TO (c)			
		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"/>	
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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) m.		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 9-28, 1955, to 9-28, 1955, that I last saw the deceased alive on 9-28, 1955, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. Inouye (Degree or title) M.D.		23b. ADDRESS 1 Dallmeyer Bldg		23c. DATE SIGNED 10-1-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/30/55		24c. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
				24d. LOCATION (City, town, or county) (State) Wardsville, Mo.	

DATE REC'D BY LOCAL REG. 4 Oct 1955		REGISTRAR'S SIGNATURE R. C. Davis M.D. M.R.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sylvester Dulle J. C. MO.	
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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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Sylvester Gull

Licensed Embalmer No. *43*
P. O. Address *Jefferson*

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.