

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43426

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5880</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>LINN</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>FREEBURG</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LINN MANOR REST HOME</b>				e. STREET ADDRESS (If rural, give location)				<u>07600</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>PETER</b>			b. (Middle) <b>WILLIAM</b>			c. (Last) <b>HECKMAN</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 30, 1955</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct. 15, 1880</b>		9. AGE (In years last birthday) <b>75</b>	
						IF UNDER 1 YEAR Months <b>2</b> Days <b>19</b>		IF UNDER 24 HRS. Hours <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurseryman</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Freeburg, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Heckman</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Pearl Burtchett</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emil Heckman St. Louis, Mo.</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Convulsions</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Brain Injury</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>162x</b>						INTERVAL BETWEEN ONSET AND 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 <u>Oct 4, 1955</u> to <u>Dec 30, 1955</u> , that I last saw the deceased alive on <u>Dec 24, 1955</u> , and that death occurred at <u>7:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>W. V. McFally M.D.</b>				23b. ADDRESS <b>Jefferson City Mo</b>				23c. DATE SIGNED <b>1-3-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/3/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holy Family</b>		24d. LOCATION (City, town, or county) (State) <b>Freeburg, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Jan 10 - 1956</b>		REGISTRAR'S SIGNATURE <b>T. A. ...</b>		235-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Josephine ... J. C. MO.</b>			

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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Sylvester Dulle*  
Licensed Embalmer No. *432*  
P. O. Address *Jefferson City*

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.