

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12724**
Registrar's No. **128**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 128				
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY OSAGE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.				c. LENGTH OF STAY (in this place) 4 Days		c. CITY OR TOWN KOELTZTOWN, MO.		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 ST. MARYS HOSPITAL				e. STREET ADDRESS (If rural, give location) 2760/1						
3. NAME OF DECEASED (Type or Print) a. (First) BERNARD			b. (Middle) _____			c. (Last) HECKEMEYER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 16, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 6, 1877		9. AGE (In years last birthday) 78		
						IF UNDER 1 YEAR 8 Months		IF UNDER 1 YEAR 10 Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Koeltztown, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME JOHN HECKEMEYER			13b. MOTHER'S MAIDEN NAME MARGARET PLASSMEYER			14. NAME OF HUSBAND OR WIFE MARY STUCKENSCHNEIDER				
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 MARY HECKEMEYER ADDRESS KOELTZTOWN, MO.					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Empyema ANTECEDENT CAUSES Pneumonia (virus) DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Possible carcinoma?						INTERVAL BETWEEN ONSET AND DEATH 1 month 2 mo		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 492XH						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 Feb 2, 1956 to April 16, 1956 , that I last saw the deceased alive on April 16, 1956 , and that death occurred at 8:34 a.m. , from the causes and on the date stated above.										
23. SIGNATURE Chas. Daylor (Degree or title) _____				23b. ADDRESS W. S. Jefferson City, Mo.				23c. DATE SIGNED 4-23-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/19/56		24c. NAME OF CEMETERY OR CREMATORY ST. BONIFACE		24d. LOCATION (City, town, or county) (State) KOELTZTOWN, MO.				
DATE REC'D BY LOCAL REG. 23 April 1956		REGISTRAR'S SIGNATURE R. F. Davis MD-MR.		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Delle		ADDRESS J. C. MO.				

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 Delle*

Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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.