

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15422

State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u> c. CITY OR TOWN <u>Kirksoille</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksoille</u> c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Kahoka</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Howard</u> b. (Middle) <u>L.</u> c. (Last) <u>Heeuner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb. 28, 1924</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Crane Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	9. AGE (In years last birthday) <u>32</u> UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and State or Foreign Country) <u>Keokuk, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Howard L. Heeuner</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Shoemaker</u>	14. NAME OF HUSBAND OR WIFE <u>Maribel Heeuner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>W. W. II</u>		16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maribel Heeuner, Kahoka, Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MASSIVE PULMONARY EMBOLISM</u> INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LARGE RIGHT VENTRICULAR THROMBUS</u> DUE TO (c) <u>URGEMIA - SECONDARY TO FRACTURE DISLOCATION - CERVICAL VERTEBRAS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>July 1954</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>962X</u> <u>47</u> (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-25, 1956</u> to <u>5-26, 1956</u> , that I last saw the deceased alive on <u>5-26, 1956</u> , and that death occurred at <u>12:05 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Oliver Heeuner, Jr. D.O.</u> (Degree or title)		23b. ADDRESS <u>Kirksoille, Mo</u>	
23c. DATE SIGNED <u>5-26-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-28-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Keokuk Iowa</u>	
DATE REC'D BY LOCAL REG. <u>5-26-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Christ Lewis, Kirksoille, Mo.</u>	

JUN 5 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 *Robert B. Hane*.....

Licensed Embalmer No. *42*

P. O. Address *Kirkland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.