37041-516

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20088
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 138

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WASHINGTON — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. FRANCIS HOSP. — Length of stay in 1b: 5 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ✓ b. COUNTY: ✓
c. CITY OR TOWN: ✓ 0362 — Inside Limits: Yes ☐ No ✓
d. STREET ADDRESS: ✓ (If outside, give location) — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First ROGER Middle JOHN Last HEBERLE

4. DATE OF DEATH: Month JUNE Day 27 Year 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JUNE 27-1956
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours 5 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and state or country): WASHINGTON MO
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: JAMES C. HEBERLE
14. MOTHER'S MAIDEN NAME: ESTHER SPENCER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: JAMES HEBERLE Address: HERMANN MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Failure of C.N.S respiratory mechanism — INTERVAL BETWEEN ONSET AND DEATH: 5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Premature separation of placenta — 14 hours
DUE TO (c) Caesarean Section - 7 months gestation

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7615

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 27, '56, to June 27, '56 and last saw him alive on June 27
Death occurred at 8:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John B Ryan (Degree or title) MD
22b. ADDRESS: Hermann Mo
22c. DATE SIGNED: 6-28-56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6/28/56
23c. NAME OF CEMETERY OR CREMATORY: ST. GEORGE Cemetery
23d. LOCATION (City, town, or county) (State): HERMANN Mo

24. FUNERAL DIRECTOR: HUGO H BLUMER ADDRESS: HERMANN Mo
25. DATE RECD. BY LOCAL REG.: 6/28/56
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas. N. Pope

Licensed Embalmer No. 7

P. O. Address Vernon

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.