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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20970

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 0595 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ROCK TOWNSHIP
c. LENGTH OF STAY (In this place): 0500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Four Ridge, Mo. RURAL ROUTE IMPERIAL MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JEFFERSON
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Four Ridge, Mo. RURAL ROUTE IMPERIAL MO

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) B. c. (Last) HEARD

4. DATE OF DEATH (Month) (Day) (Year): JUNE 25 1956

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 17, 1865

9. AGE (In years last birthday): 90 — If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bldg Cont.

10b. KIND OF BUSINESS OR INDUSTRY: bldg contractor

11. BIRTHPLACE (City and State or Foreign Country): ILL.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHARLES A. HEARD

13b. MOTHER'S MAIDEN NAME: KIZIE VARNER

14. NAME OF HUSBAND OR WIFE: Lockey Heard, Imperial, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ____ (If yes, give war or dates of service): ____

16. SOCIAL SECURITY NO.: ____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Lockey Heard, Imperial, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio sclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ____

19a. DATE OF OPERATION: ____

19b. MAJOR FINDINGS OF OPERATION: ____

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20. AUTOPSY? YES ☐ NO ☑

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) Rock (COUNTY) Jefferson (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-25-56 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ____

22. *I hereby certify that I attended the deceased from* June 1955, 19__, *to* 6/25, 1956, *that I last saw the deceased alive on* 6/24, 1956, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Reich M.D.

23b. ADDRESS: Imperial, Mo

23c. DATE SIGNED: 6/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 28, 1956

24c. NAME OF CEMETERY OR CREMATORY: Sun Set Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis County Mo

DATE REC'D BY LOCAL REG.: 6-30-1956

REGISTRAR'S SIGNATURE: Ruth Jinsa

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: HEILIGTAG FUNERAL HOME ANTONIA MO

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 5 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmer Heilgtag

Licensed Embalmer No. 35

P. O. Address Imperial

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.