

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **29733**

FILED OCT 10 1956

BIRTH NO.		REG. DIST. NO. <b>4</b>	PRIMARY REG. DIST. NO. <b>4012</b>	Registrar's No. <b>94</b>
1. PLACE OF DEATH a. COUNTY <b>ATCHISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ATCHISON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rock Port</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rock Port</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b>		b. (Middle) <b>ALTA</b>		c. (Last) <b>HECKEL</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>10-2-1956</b>		5. SEX <b>FEMALE</b>		
6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>2-3-1886</b>
9. AGE (In years last birthday) <b>70</b>		10. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>Rock Port, Mo</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>		
13a. FATHER'S NAME <b>JACOB BARTHOLOMEW</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HANDLEY</b>		14. NAME OF HUSBAND OR WIFE <b>EARL HECKEL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lorraine Heckel, Rock Port</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>essential hypertension</b> DUE TO (c) <b>Pneumonic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>  <b>50 yrs</b>
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) (m.)		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 <b>7:40 AM</b> to <b>Oct 2</b> , 1956, that I last saw the deceased alive on <b>Oct 1</b> , 1956, and that death occurred at <b>10:30</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Emmett B. Little</b>		23b. ADDRESS <b>Rock Port, Mo</b>		23c. DATE SIGNED <b>Oct 3 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-5-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREEN HILL, CEM.</b>
24d. LOCATION (City, town, or county) (State) <b>Rock Port, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BARTHOLOMEW MORTUARY, Rock Port,</b>		
DATE REC'D BY LOCAL REG. <b>Oct 4, 1956</b>		REGISTRAR'S SIGNATURE <b>Thermin Schuck</b>		

WRITE PLAINLY—USING UNFAADING 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 .....  
Student Embalmer

Signed Gretz Barchelmer

Licensed Embalmer No. 3173

P. O. Address Rock Port, Mo

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 this body is not embalmed, fact should be so stated above.