

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31559

BIRTH NO.		REG. DIST. NO. 257	PRIMARY REG. DIST. NO. 5892	Registrar's No. 64
1. PLACE OF DEATH a. COUNTY Osage		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 Folk, Mo.		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN Folk, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		• STREET ADDRESS (If rural, give location) 8160		
3. NAME OF DECEASED (Type or Print) HENRY		a. (First)	b. (Middle) HECKMAN	c. (Last)
4. DATE OF DEATH		Sept. 28, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1869	9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Westphalia, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME BALTZER HECKMAN		13b. MOTHER'S MAIDEN NAME ELIZABETH CAMPMAN	14. NAME OF HUSBAND/OR WIFE MARY BERHORST	
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 ADDRESS MRS. ELIZABETH HECKMAN FOLK, 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) Chronic Interstitial Nephritis ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 mo. Yrs.
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)		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 July 1956, to 9/24/56, 19____, that I last saw the deceased alive on 9/24/1956 and that death occurred at 5:30 P.m., from the causes and on the date stated above.				
23a. SIGNATURE W. H. Moore Do.		23b. ADDRESS (Degree or title) Argyle, Mo.	23c. DATE SIGNED 9/26/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/29/56	24c. NAME OF CEMETERY OR CREMATORY St. Anthony	24d. LOCATION (City, town, or county) (State) Folk, Mo.
DATE REC'D BY LOCAL REG. 04.6.1956		REGISTRAR'S SIGNATURE T. A. Quince	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sylvester Dulle J. C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

23 5

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 Dulle

Licensed Embalmer No. *432*

P. O. Address.....
Jefferson City

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.