

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31721**

FILED SEP 17 1956

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4434** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls,	
b. CITY OR TOWN Center, Missouri		c. CITY OR TOWN Center, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50Yrs		e. STREET ADDRESS (If rural, give location) Center, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Center, Missouri			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) VERDE	c. (Last) HECKERT	4. DATE OF DEATH (Month) (Day) (Year) Aug 29 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 22, 1864	9. AGE (In years last birthday) 92	If UNDER 1 YEAR Months 4 Days 7	If UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired) Sawmill operator	10b. KIND OF BUSINESS OR INDUSTRY Sawmill	11. BIRTHPLACE (City and State or Foreign Country) Calloway Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Heckert	13b. MOTHER'S MAIDEN NAME Laura Cantebury	14. NAME OF HUSBAND OR WIFE Minnie Davis Heckert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie Heckert	ADDRESS Center, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic		1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Acute DUE TO (c) Unknown		1 week
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None known			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 3, 1955** to **Aug 29, 1956** that I last saw the deceased alive on **Aug 28, 1956** and that death occurred at **4:30AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Brooks D.O.	23b. ADDRESS Center, Missouri.	23c. DATE SIGNED 8-31-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-31-1956	24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Center, Mo.
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DATE REC'D BY LOCAL REG. 8-31-56	REGISTRAR'S SIGNATURE Clyde C. Wilkey	25. FUNERAL DIRECTOR'S SIGNATURE Clyde C. Wilkey	ADDRESS Perry, Mo.
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(Licensed Embalmer's Statement of Reverse Side)

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

267-0

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 *Clyde McKinney*.....

Licensed Embalmer No. 3820

P. O. Address Perry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.