V.S. No. 300
Rev. 10.40

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1956

State File No. 36821

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Charrette
c. LENGTH OF STAY (In this place) 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 miles North Peers, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Warren
c. CITY OR TOWN Rural- Charrette
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 3 miles North Peers, Mo. 1090

3. NAME OF DECEASED (Type or Print)
a. (First) Carl
b. (Middle) Charles Jospeh
c. (Last) Heggemann

4. DATE OF DEATH (Month) (Day) (Year) October 23, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH July 29, 1905
9. AGE (In years last birthday) 51 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Grain Farm
11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Heggemann
13b. MOTHER'S MAIDEN NAME Antonia Haupt
14. NAME OF HUSBAND OR WIFE None

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. 489-42-4522
17. INFORMANT'S SIGNATURE OR NAME Henry Heggemann, **ADDRESS** Marthasville, 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) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 5 min

ANTECEDENT CAUSES

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

DUE TO (b) myocardial ischaemia — since 7-31-56

DUE TO (c) coronary artery disease — 7-31-56

II. OTHER SIGNIFICANT CONDITIONS

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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* 7-31, 1956, *to* 10-23, 1956, *that I last saw the deceased alive on* 10-23, 1956, *and that death occurred at* 8:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] **(Degree or title)** MD
23b. ADDRESS Marthasville Mo
23c. DATE SIGNED 10-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 25, 1956
24c. NAME OF CEMETERY OR CREMATORY St. Ignatius Cemetery
24d. LOCATION (City, town, or county) Warren County, (State) Missouri

DATE REC'D BY LOCAL REG. Oct 23/56
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE D. F. Lichtenberg **ADDRESS** Marthasville, Mo.

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Delmont F. Lichtenberg

Licensed Embalmer No....4318....

P. O. Address Marthasville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.