

No. 300
10. 48

FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5926

State File No.

0941

BIRTH NO. _____		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3060</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>FARMINGTON</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>FARMINGTON</u> ⁰⁹⁴¹		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRED</u>		b. (Middle) <u>S.</u>		c. (Last) <u>HECK</u>	
4. DATE OF DEATH		(Month) <u>FEB</u>		(Day) <u>18</u>		(Year) <u>1957</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC 25, 1887</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>		IF UNDER 48 Hrs. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto MFG.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FARMINGTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>DENNIS HECK</u>		13b. MOTHER'S MAIDEN NAME <u>WILHELMINA HERBST</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE HECK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>372-28-3353</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FLORENCE HECK</u> ADDRESS <u>FARMINGTON, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute circulatory collapse - ex. pneumonia</u>				<u>15 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Ruptured atherosclerotic vessel - hemorrhage</u> <u>15 min</u>	
		DUE TO (c) <u>Portal cirrhosis of unknown cause</u>				<u>1 hr</u>	
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				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)		<u>5810</u>	
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?			
22. I hereby certify that I attended the deceased from <u>11-2</u> , 19 <u>57</u> , to <u>2-18-</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-17</u> , 19 <u>57</u> , and that death occurred at <u>4:05 pm</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Marvin L. Gulbe</u> (Degree & title) <u>MD.</u>				23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>2-19-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/23/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LUTHERAN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>FARMINGTON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 19, 1957</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MILLET FUNERAL HOME</u> ADDRESS <u>FARMINGTON, MO.</u>			

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

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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bert J. Miller*

Licensed Embalmer No. *375*

P. O. Address *Farmington*

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.