

FILED SEP 10 1957 STANDARD CERTIFICATE OF DEATH

State File No. 27961

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Hermann	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 03710	

3. NAME OF DECEASED a. (First) William b. (Middle) L. c. (Last) Heckmann			4. DATE OF DEATH OF Aug. 21, 1957 (Month) (Day) (Year)		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 7, 1869	9. AGE (In years last birthday) 88	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamboat Pilot
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Bluffton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William L. Heckmann	13b. MOTHER'S MAIDEN NAME Mary Miller	14. NAME OF HUSBAND OR WIFE Anna Heckmann
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. 486-22-6277	17. INFORMANT'S SIGNATURE OR NAME Mrs. A. A. Vogel
		ADDRESS Hermann, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left, Ventricular Failure.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteio. Sclerosis.		
	DUE TO (c)		
	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? 2 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) 4500
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 7/12/1957 to 8/20/1957, that I last saw the deceased alive on 7/23/57, 1957, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE S. W. Boston (Degree or title) D.O.	23b. ADDRESS Hermann, Mo.	23c. DATE SIGNED 8/23/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 24, 1957	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Hermann, Mo.
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DATE REC'D BY LOCAL REG. 8-23-57	REGISTRAR'S SIGNATURE Delma Gerken	FEDERAL DIRECTOR'S SIGNATURE Edmund Phillips	ADDRESS Hermann, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ernest Ruediger*

Licensed Embalmer No. *24*

P. O. Address *Herrman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING
to comply with the above constitutés 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.