

FILED NOV 5 1957

STANDARD CERTIFICATE OF DEATH

36976

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 253

|   |                                |   |   |
|---|--------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u>  |                                | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Moberly</u>   |                                | c. CITY OR TOWN <u>Moberly</u>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>101 1/2 N. Williams</u>   |                                | d. STREET ADDRESS (If outside, give location)<br><u>101 1/2 N. Williams St.</u>   |   |
| 3. NAME OF DECEASED<br>(Type or print) First <u>Fort</u> Middle <u>Heether</u> Last <u>Heether</u>  |                                | 4. DATE OF DEATH Month: <u>October</u> Day: <u>25</u> Year: <u>1957</u>   |   |
| 5. SEX <u>male</u>  | 6. COLOR OR RACE <u>white</u>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 7, 1892</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Book Store</u>  |                                | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Book Store</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Randolph County, Missouri</u>                  |
| 13a. FATHER'S NAME<br><u>John A. Heether</u>  |                                | 13b. MOTHER'S MAIDEN NAME<br><u>Mariah Burckhart</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Neta D. Heether</u>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><u>yes</u> <u>World War I</u>   |                                | 16. SOCIAL SECURITY NO.<br><u>486-12-6169</u>   | 17. INFORMANT Address <u>Moberly, Missouri</u><br><u>Mrs. Neta Heether: 101 1/2 N. Williams</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>4201</u> |                                |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 min</u><br><u>D. K.</u>                               |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY . Hour Month, Day, Year<br>a.m.<br>p.m.   |                                |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>   |                                | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20f. CITY, TOWN, OR LOCATION  |                                | COUNTY  | STATE   |
| 21. I attended the deceased from <u>May 2, 1948</u> to <u>Oct 25, 1957</u> and last saw him alive on <u>10/25/57</u><br>Death occurred at <u>Ba...</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>O. N. Dreyer M.D.</u>  |                                | 22b. ADDRESS<br><u>Huntsville Mo.</u>   | 22c. DATE SIGNED<br><u>10/29/57</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>  | 23b. DATE<br><u>10-28-1957</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Mary's Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Moberly, Missouri</u>                       |
| 24. FUNERAL DIRECTOR<br><u>Tom B Patton</u>   |                                | ADDRESS<br><u>Huntsville</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>10/28/1957</u>   |
| 26. REGISTRAR'S SIGNATURE<br><u>Seaborn</u>   |                                |   |   |

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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 Tom B Patton .....

Licensed Embalmer No. 3914 .....

P. O. Address Huntsville .....

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.