

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **38855**

V. S. No. 300
Rev. 10-40

FILED NOV 12 1957

BIRTH NO. _____		REG. DIST. NO. 328	PRIMARY REG. DIST. NO. 4485	Registrar's No. 37
1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott		
b. CITY OR TOWN Anzell	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Anzell 1000		
d. FULL NAME OF HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) (First) BERNARD (Middle) (N.M.N.) (Last) HEURING		4. DATE OF DEATH (Month) (Day) (Year) Oct 27, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 15, 1886	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Justice/Deacon		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) New Hamburg, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Heuring		13b. MOTHER'S M maiden name Josephine Deunberger	14. NAME OF HUSBAND OR WIFE Regina Black Heuring	
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Regina Heuring Anzell, Mo. ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure via atrial fibrillation to coronary artery disease. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2
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)		
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 7/24/57 , 19___, to 10/27/57 , 19___, that I last saw the deceased alive on 9/30 , 1957, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Ulveston Bates MD		23b. ADDRESS Cooper Bldg, Mo 714 Broadway	23c. DATE SIGNED 10-28-57	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-30-57	24c. NAME OF CEMETERY OR CREMATORY St Joseph's	24d. LOCATION (City, town, or county) (State) Illmo, Missouri	
DATE REC'D BY LOCAL REG. 10-30-57	REGISTRAR'S SIGNATURE Mrs Fred Beasley	25. FUNERAL DIRECTOR'S SIGNATURE Beasley ADDRESS Illmo, Mo		

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

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DATE RECEIVED NOV 4 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1157-228

OCT 2 1958

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 _____

Student Embalmer

Signed

Oliver P. Arnold

Licensed Embalmer No. 4470

P. O. Address Illmo. 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 this body is not embalmed, fact should be so stated above.