

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

736

STATE FILE NUMBER

Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Daviness</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviness</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gallatin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Gallatin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>---</u>		Length of stay in 1b <u>2 Yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>---</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Magdaline</u> Middle <u>---</u> Last <u>Heppler</u>			4. DATE OF DEATH Month <u>January</u> Day <u>1</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 22, 1874</u>		9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Alsasse Lorain, France</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA Citizen Since 1890</u>
13a. FATHER'S NAME <u>Hasenfratz Ignatz</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Knapp</u>		14. NAME OF HUSBAND OR WIFE <u>Frank J. Heppler (Dec'd)</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>486-01-8247</u>		17. INFORMANT Address <u>Mrs. Lena Woody, Gallatin, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio vascular renal disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic nephritis + Cardiac enlargement</u>					<u>4 yrs</u>
DUE TO (c) <u>arterial Sclerosis,</u>					<u>4 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>442X</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 1955</u> to <u>Jan 5-8</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Dec 31/57</u> Death occurred at <u>10:30P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. Barley dler</u> (Degree or title)				22b. ADDRESS <u>Gallatin Mo</u>	
22c. DATE SIGNED <u>1-4-58</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-4-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Gallatin, Missouri</u>		(State)			
24. FUNERAL DIRECTOR <u>Hope Funeral Home Gallatin, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>1-7-58</u>		26. REGISTRAR'S SIGNATURE <u>Virginia M. Conzelmann</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *L. O. Dickerson* .....

Licensed Embalmer No. *3307* .....  
P. O. Address *Pallatini* .....

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.