

FILED FEB 13 1958

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

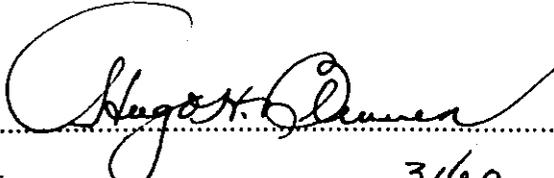
Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HERMANN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>HERMANN</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>409 SCHILLER ST</u>		Length of stay in 1b <u>83 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>409 SCHILLER ST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>AUGUSTA HERMINE HECKMANN</u>			4. DATE OF DEATH Month Day Year <u>JAN 11 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>MARCH 11 1874</u>		9. AGE (In years) 1 day 83 (birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>HERMANN Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>HERMAN BENSING</u>		13b. MOTHER'S MAIDEN NAME <u>DORIS VOLLERTSEN</u>		13c. NAME OF HUSBAND OR WIFE <u>SAMUEL M. HECKMANN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>DORIS HECKMANN</u> Address: <u>HERMANN 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>Hypostatic pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral apoplexy</u> DUE TO (c) <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>9 days</u> <u>2 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>334X</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 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>5/31/55</u> to <u>11/1/58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>1/11/58</u> Death occurred at <u>5:03 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. G. Jeter, M.D.</u>			22b. ADDRESS <u>Hermann, Mo.</u>		22c. DATE SIGNED <u>1/13/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<u>BURIAL</u>		<u>JAN 14 1958</u>	<u>HERMANN CEMETERY</u>		<u>HERMANN Mo</u>
24. FUNERAL DIRECTOR <u>HUGO H BLUMER</u> ADDRESS <u>HERMANN Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Jan 13 1958</u>		26. REGISTRAR'S SIGNATURE <u>Delma Uffelmann</u>

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  .....

Licensed Embalmer No. 3160 .....

P. O. Address  .....

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.