

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028281
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 905

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph 0117	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		d. STREET ADDRESS (If outside, give location) 618 Green Street	
3. NAME OF DECEASED (Type or print) First AUGUST Middle JACOB Last HECKEL		4. DATE OF DEATH Month August , Day 20 , Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August, 29, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY St. Joe Tobacco Co.	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri
13a. FATHER'S NAME Mathis Heckel		13b. MOTHER'S MAIDEN NAME Sophie Horesch	14. NAME OF HUSBAND OR WIFE Mrs. Alice B. Heckel
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. 491-09-6936	17. INFORMANT Mrs. Alice B. Heckel, St. Joseph, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial INFARCT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Insufficiency DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH 8 1/2 hrs
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 Jan 4 - 1958 , to Aug 20, 1958 and last saw him alive on Aug 16 - 1958 Death occurred at 4:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Walter W. Hines M.D.		22b. ADDRESS 520 Fenwick St. Joseph, Mo.	22c. DATE SIGNED Aug 21 - 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph Missouri
24. FUNERAL DIRECTOR Hamey Funeral Home (98)		25. DATE RECD. BY LOCAL REG. Aug 21, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Howdell

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 Charles E. Burnett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.