

CERTIFICATE OF DEATH

59 0 4 4 5 2 1

FILED VS. JAN - 8 1960 157

3028

256

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) Carthage			Length of stay in 1b	c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION 1030 Forest			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1030 Forest		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle C. Last Heckert				4. DATE OF DEATH Month Dec. Day 28 Year 1959			
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 7-3-1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mtce Man			10b. KIND OF BUSINESS OR INDUSTRY R.I. Faubion & Co. Dearing, Kans.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John B. Heckert			13b. MOTHER'S MAIDEN NAME Fannie Bates		14. NAME OF HUSBAND OR WIFE Margorie Heckert		
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. 490-10-9413	17. INFORMANT Address Mrs. Henry C. Heckert, Carthage, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of esophagus						INTERVAL BETWEEN ONSET AND DEATH 1 yr ±	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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 March 21, 1959 to 12-28-59 and last saw him alive on 12/28/59 Death occurred at 5:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>W Russell Smith</i> M. D.				22b. ADDRESS Carthage, Mo.		22c. DATE SIGNED 12/29/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-30-59	23c. NAME OF CEMETERY OR CREMATORY Independence, Kans.		23d. LOCATION (City, town, or county) (State) Independence, Kans.		
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.				ADDRESS	25. DATE RECD. BY LOCAL REG. 12-30-59	26. REGISTRAR'S SIGNATURE <i>W Russell Smith</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS SEP 6 1960

APR 8 1960

JAN 8

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 Edwin S. Thomas Jr.

Licensed Embalmer No. 1955
P. O. Address Portland

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.