URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 1 1960

60-011563
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 49

ENDED

1. PLACE OF DEATH
a. COUNTY JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JEFF.

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM
Length of stay in 1b

c. CITY OR TOWN CRYSTAL CITY
Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CRYSTAL HEIGHTS
Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) CRYSTAL HEIGHTS
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EDWARD Middle A. Last HEOB

4. DATE OF DEATH Month 3 Day 22 Year 60

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-23-1881

9. AGE (last birthday) 78

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (City and state or country) BREMEN, ILLINOIS

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ERNEST HEOB

13b. MOTHER'S MAIDEN NAME MARY KARSTEN

14. NAME OF HUSBAND OR WIFE MARTHA

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.

17. INFORMANT Mrs Martha Heob Address Crystal City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchogenic Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH 1 year +

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)
Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 August 7, 1959, to March 22, 1960 and last saw ~~her~~ him alive on March 21, 1960
Death occurred at 7:00p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John F. Ruttinger (Degree or title) M. D.

22b. ADDRESS Festus, Mo.

22c. DATE SIGNED 3-23-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 3-25-60

23c. NAME OF CEMETERY OR CREMATORY ROSELAWN MEMORIAL

23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.

24. FUNERAL DIRECTOR GENTRY R. POLITTE ADDRESS CRYSTAL CITY, MO.

25. DATE RECD. BY LOCAL REG. 3-23-60

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 348

P. O. Address Crystal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.