

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047920

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 225 Primary Registration District No. 2053 Registrar's No. 234

FILED DEC 18 1962

VS 300
Rev. 4/59

10810
20810

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94201

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1290-0

13-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arlington Township		Length of stay in 1b 27 months	c. CITY OR TOWN Arlington, Township Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 66		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Highway 66 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOHN CYRUS HECKETHORN			4. DATE OF DEATH Month Day Year December 9, 1962
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 8/14/03
9. AGE (last birthday) 59		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) Manager		10b. KIND OF BUSINESS OR INDUSTRY Stores	11. BIRTHPLACE (City and state or country) Promise City, Iowa
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George Heckethorn	
13b. MOTHER'S MAIDEN NAME Edith Long		14. NAME OF HUSBAND OR WIFE Lois	
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. Not Available	17. INFORMANT Mrs. Lois Heckethorn Address Route 2 Newburg
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH sudden
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 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 a.m. p.m., _____			
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 3-2-62 to 12-8-62 and last saw ^{them} _{him} alive on 12-8-62 Death occurred at 7:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. D. Stricker, M.D.</i> (Degree or title)		22b. ADDRESS <i>Rolla Mo</i>	22c. DATE SIGNED 12-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 12, 1962	23c. NAME OF CEMETERY OR CREMATORY Floral Haven Cemetery	23d. LOCATION (City, town, or county) (State) Tulsa, Oklahoma
24. FUNERAL DIRECTOR By Null & Son Funeral Home <i>Paul E. Null</i>		25. DATE RECD. BY LOCAL REG. Dec. 10, 1962	26. REGISTRAR'S SIGNATURE <i>Nedra L. Stoll</i>

DEC 19 1962

Amateur Embalmer
St. Louis, Mo.
No. _____

George Heckelhorn
100 Available Mrs. Lois Heckelhorn
Route 2
Tipton, Iowa

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 _____ Signed Paul E. Mullen
Signature of Student Embalmer

Licensed Embalmer No. 4498
P. O. Address Rolla, 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, the student shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.