

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19988
 State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>	
c. LENGTH OF STAY (In this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>205 N 5th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 N 5th St</u>		e. STREET ADDRESS (If rural, give location) <u>205 N 5th St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) <u>Hein</u> c. (Last) <u>Hein</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 3 1896</u>
9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u>	
11. BIRTHPLACE (State or foreign country) <u>COOPER CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>WM HEIN</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE LONGERS</u>	
14. NAME OF HUSBAND OR WIFE <u>SOPHIA HEIN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Sophia Hein</u> ADDRESS <u>Clinton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of tongue</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>May 6 1949</u> , to <u>July 1, 1950</u> , that I last saw the deceased alive on <u>June 25, 1950</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>S. B. Hughes</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Clinton, Mo.</u>	
23c. DATE SIGNED <u>7/2/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem Clinton Mo</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conzelmann</u> ADDRESS <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 3-1950</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

04272

OCT 21 1952

RECEIVED 7-10
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-18-52

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 _____
Student Embalmer

Signed *J E Connelley*

Licensed Embalmer No. 1891

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.