Health,
& Welfare
Public
Service

. 300
. 1-56

FILED SEP 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027445
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boyd Rest. Home — Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Butler — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS East Dakota (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Christian Middle Last Heygnauer

4. DATE OF DEATH Month Sept Day 6 Year 1957

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH May 3 1867
9. AGE (In years last birthday) 90
IF UNDER 1 YEAR Months 4 Days 3 — IF UNDER 24 HRS. 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
11. BIRTHPLACE (City and state or country) GRANFORK ILL
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Leonard Heygnauer
14. MOTHER'S MAIDEN NAME Hirschi

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Samuel Heygnauer Address Canton 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) Generalized Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) General Senility - Nephritis — 10 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 593X

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 Aug. 5, 1957 to Sept 5, 1957 and last saw her/him alive on Sept 5, 1957
Death occurred at 2 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carter N. Suter (Degree or title) MD
22b. ADDRESS Butler, Mo.
22c. DATE SIGNED 9/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-8-57
23c. NAME OF CEMETERY OR CREMATORY Eddie Cemetery
23d. LOCATION (City, town, or county) Prairie City (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Oscar Eckhoff Appleton City
25. DATE RECD. BY LOCAL REG. Sept. 8-1957
26. REGISTRAR'S SIGNATURE Kendall Perry

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Owen Eckhoff

Licensed Embalmer No. 39

P. O. Address Appleton

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