

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9449

State File No.

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY OR TOWN <i>California</i> <i>Welder</i>		c. CITY OR TOWN <i>California</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION?		e. STREET ADDRESS (If rural, give location) <i>06810</i>	

3. NAME OF DECEASED (Type or Print) <i>FREDERICH HEINAICH</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 6 1954</i>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Mar. 26 - 1875</i>	9. AGE (In years last birthday) <i>79</i>	10. IF UNDER 1 YEAR Days <i>0</i> Hours <i>10</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Restaurant</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Jefferson City Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>John H. Heinrich</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Mueller</i>	
13c. NAME OF HUSBAND OR WIFE <i>Elizabeth Heinrich</i>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (See, no. or unknown) <i>no.</i>		15. SOCIAL SECURITY NO. <i>no.</i>	
16. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Elizabeth Heinrich</i>		17. ADDRESS <i>no.</i>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <i>18 mos.</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Prostate with metastasis</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>177X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 *11-10*, 19*53*, to *4-6*, 19*54*, that I last saw the deceased alive on *4-6*, 19*54*, and that death occurred at *10:45* a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Louis M. Gaccagnino MD</i> (Degree or title)		23b. ADDRESS <i>California, Mo.</i>		23c. DATE SIGNED <i>4-10-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April-9-1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lutheran Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>California Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. E. Friedmeyer</i>		ADDRESS <i>California Mo.</i>	
DATE REC'D BY LOCAL REG. <i>4-10-54</i>		REGISTRAR'S SIGNATURE <i>John L. Pospisil 506</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. E. Friedmeyer</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1957

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 *H. E. Friedman*

Licensed Embalmer No. 288

P. O. Address California

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.