

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 22Primary Registration District No. 3046Registrar's No. 0011833

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CALIFORNIA</b>		Length of stay in 1b <b>6 DAYS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LATHAM HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>NORTH OAK</b>	
3. NAME OF DECEASED (Type or print) <b>HENRY "HARRY" FREDERICK HECK</b>		4. DATE OF DEATH Month <b>MARCH</b> Day <b>11</b> Year <b>1965</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-9-1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BUSINESSMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SADDLERY</b>	
11. BIRTHPLACE (City and state or country) <b>CALIFORNIA, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM HECK</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA WIENEKE</b>	
14. NAME OF HUSBAND OR WIFE <b>CORA LEE HECK</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W.I.</b>	
16. SOCIAL SECURITY NO. <b>495-01-8458</b>		17. INFORMANT Address <b>MRS. HENRY HECK CALIFORNIA, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Progressive thromboses of the brain</b> DUE TO (c) <b>16 years</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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.) <b>California, Moniteau Mo</b>		20f. CITY, TOWN, OR LOCATION <b>California, Moniteau Mo</b>	
21. I attended the deceased from <b>11-25-64</b> to <b>3-11-65</b> and last saw him alive on <b>3-11-65</b> Death occurred at <b>10:15 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>R.B. Dicks, M.D.</b> (Degree or title)	
22b. ADDRESS <b>California, Mo</b>		22c. DATE SIGNED <b>3-11-65</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-13-1965</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>CALIFORNIA</b>		23e. STATE <b>MISSOURI</b>	
24. FUNERAL DIRECTOR <b>Hugh C. Williams</b>		25. DATE RECD. BY LOCAL REG. <b>3-15-65</b>	
26. REGISTRAR'S SIGNATURE <b>Helen A. Popejoy</b>			

USE BLACK INK

OR  
TYPEWRITER RIBBON

0016837

MAR 25 1966

APR 19 1966

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 Hugh E Williams

Licensed Embalmer No. 2527

P. O. Address California 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, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.