

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
Vital Statistics Office of Missouri

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35432
State File No. _____
Registrar's No. 351

Registration District No. 316

Primary Registration District No. 3060

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Patrick Heberle
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M Color or race W 5. Color or race _____
6. (a) Single, widowed, married, divorced W 2f
6. (b) Name of husband or wife Lain Heberle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 19, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Coffman Mo
(City, town, or county) (State or foreign country)

10. Usual occupation # 4 Hospital attendant

11. Industry or business Thomas Heberle
12. Name _____
13. Birthplace Coffman, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Galvan
15. Birthplace Coffman Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Tessereau
(b) Address Farmington, Mo.

17. (a) D (Burial, cremation, or removal) (b) Date thereof 10-23-47
(Month) (Day) (Year)
(c) Place: burial or cremation Coffman, Mo.

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.

19. (a) 10-22-47 (Date received local registrar) (b) Cether Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1947 hour 2 minute 30 a.m.
21. I hereby certify that I attended the deceased from October 2
1947, to Present 10/21/47
that I last saw h.a.m. alive on Oct-20, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to _____
Due to _____
Other conditions Hypertension
(Include pregnancy within _____ months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Waters (M. D. or other) _____
Address and Belv. Farmington Date signed 10-21-47

Duration
Insta-
tion

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 4
District File Number 1047-1371
Date Filed 10-27-47

FEB 20 1948

OCT 30 1947

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.