5.300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1949

19267

State File No.

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1601 Sulw

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
d. STREET ADDRESS (If rural, give location): 1601 Sulw

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): GORMAN
c. (Last): HEINEN

4. DATE OF DEATH (Month) (Day) (Year): May 3 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 14, 1881
9. AGE (In years last birthday): 68 — If under 1 year: Months 3, Days 19 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: R.I Railroad
11. BIRTHPLACE (State or foreign country): Trenton, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Gerhardt Heinen
13b. MOTHER'S MAIDEN NAME: Ellen Gorman
14. NAME OF HUSBAND OR WIFE: Margaret Baugh Heinen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 707-16-8215
17. INFORMANT'S SIGNATURE OR NAME: X Mrs James H. Heinen — ADDRESS: Trenton Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mitral Insuff. — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4227

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1946 *to* May 3, 1949, *that I last saw the deceased alive on* May 3, 1949, *and that death occurred at* 7:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. A. Duffy (Degree or title) M.D.
23b. ADDRESS: Trenton
23c. DATE SIGNED: May 3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 5 1949
24c. NAME OF CEMETERY OR CREMATORY: Maple Grove Cemetery
24d. LOCATION (City, town, or county) (State): Trenton Mo.

DATE REC'D BY LOCAL REG.: May 5, 1949
REGISTRAR'S SIGNATURE: Irene Fair
25. FUNERAL DIRECTOR'S SIGNATURE: Raymond A. Davis — ADDRESS: Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 4 1949

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 Robin L. Richardson, Student Embalmer No. 271, working under my personal supervision.

Signed Robin L. Richardson
Student Embalmer

Signed Walter E. Moyer
Licensed Embalmer No. 4491
P. O. Address Trenton, 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.