

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5186 Registrar's No. 377

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural RANDOL</u> c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>	
d. FULL NAME OF (If not in hospital or institution, give street address and location) <u>Five miles north of Cape Girardeau on Mississippi River</u>		d. STREET ADDRESS (If rural, give location) <u>Cape Rock Drive</u>	

3. NAME OF DECEASED (Type or Print) <u>WALTER E HEIMBAUGH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 7, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10, 1918</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mo. National Guards</u>	9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>31</u> <u>4</u> <u>27</u>	10. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mo. National Guards</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Oran, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	

13a. FATHER'S NAME <u>Walter C. Heimbaugh</u>	13b. MOTHER'S MAIDEN NAME <u>Ruby M. Friend</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Frances E. Heimbaugh</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>490-05-7070</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances E. Heimbaugh</u>		18. ADDRESS <u>Cape Gir.</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning in the Mississippi River, from waves capsizing this boat.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Mo.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cap</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		<u>385°</u> <u>42</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>By Helmsley</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau, Cape Gir., Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Nov 7 49 8:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>By Drowning</u>

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E.P. Bricker 3</u>	23b. ADDRESS <u>Coronet H.S. Pacific Cape Gir.</u>	23c. DATE SIGNED <u>Nov 9 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 9, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	24e. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home</u>	24f. ADDRESS <u>Cape Gir.</u>
DATE REC'D BY LOCAL REG. <u>11-8-1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home</u>

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

16  
14  
1

Mo.

NOV 18 1949

RECEIVED 11-14-49

District Health Officer No. 4

District Office Number 1149-149

Date

**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 .....  
Student Embalmer

Signed *Virgil F. Kelch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.