

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26409

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3817</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <b>COOPER</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COOPER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BOONVILLE</b>		c. LENGTH OF STAY (In this place) <b>10 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BOONVILLE RURAL ROUTE 2 0270</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEX RAVENSWAAY HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>6 MILES EAST 0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>THEODORE</b> c. (Last) <b>HEIMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 26-1950</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>		8. DATE OF BIRTH <b>DEC. 25-1889</b>		9. AGE (In years last birthday) <b>60</b> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM HAND</b>		11. BIRTHPLACE (State or foreign country) <b>VIENNA - MISSOURI 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>DIVORCED</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>BERNARD HEIMANN - WASHINGTON MO.</b>			
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Shock &amp; exposure</b> ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Probable Infection</b> DUE TO (c) <b>Generalized infection with maggots</b>					INTERVAL BETWEEN ONSET AND DEATH <b>19</b>	
18. CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7829 -	
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)			
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 <u>Aug 26, 1950</u> , to <u>Aug 26, 1950</u> , that I last saw the deceased alive, on <u>Aug 26, 1950</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. L. Dickreiger M.D.</i> (Degree or title)				23b. ADDRESS <i>Boonville Mo</i>		23c. DATE SIGNED <i>8/27/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG. 29-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CATHOLIC CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>VIENNA - MO.</b>			
DATE REC'D BY LOCAL REG. <b>8-28-50</b>		REGISTRAR'S SIGNATURE <i>D. Hooper</i> <b>381</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEGNER FUNERAL HOME - BOONVILLE MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

9/5/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9/5/50

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.

Signed James W. Stegner

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3730

P. O. Address Boonville, 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.