

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30176

State File No. ....

0410  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5486 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dallis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dallis Twp. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 miles N.E. New Hampton Mo</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 miles N.E. New Hampton Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Bell</u> c. (Last) <u>Heimbaugh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 8, 1867</u>	9. AGE (In years last birthday) <u>82</u>	UNDER 1 YEAR: Months <u>8</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Harve Linch</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bender</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased Geo. W. Heimbaugh</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sarah Lindsey Bethany Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lumbar region and quality.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?

12. CITIZEN OF WHAT COUNTRY? U.S.A

18. CAUSE OF DEATH (continued)  
Interval between onset and death: 193X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

22. I hereby certify that I attended the deceased from April 4, 1950, to July 17, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 7 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest L. Wood D.D.D.</u>	23b. ADDRESS <u>Bethany Mo</u>	23c. DATE SIGNED <u>July 24, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 21, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>
24d. LOCATION (City, town, or county) (State) <u>Harrison Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Noble &amp; Son New Hampton, Mo</u>	

DATE REC'D BY LOCAL REG. 7-24-50

REGISTRAR'S SIGNATURE Edith Boushain Deputy

DATE REC'D BY LOCAL REG. 7-24-50

REGISTRAR'S SIGNATURE W. S. Noble & Son

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



**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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton

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.