

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27809**

FILED SEP 5 1951

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **277**

1. PLACE OF DEATH a. COUNTY Pettis 0804		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR Tulsa 8350	
c. LENGTH OF STAY (In this place) 3 Days		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Roger b. (Middle) Allen c. (Last) Heisterberg Warten			4. DATE OF DEATH (Month) (Day) (Year) Aug 29th 1951		
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input type="radio"/>	8. DATE OF BIRTH Sept 24th 1945		9. AGE (In years last birthday) 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Missouri <input type="radio"/>		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Charles Worden		13b. MOTHER'S MAIDEN NAME Esther Heisterberg		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Worden Tulsa Okla	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus in diabetic coma		INTERVAL BETWEEN ONSET AND DEATH Unknown
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia Unknown		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 **28 Aug 1951**, to **29 Aug 1951**, that I last saw the deceased alive on **2 Aug 1951**, and that death occurred at **7:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Wiegand M.D.		23b. ADDRESS 412 1/2 So Ohio Ave Sedalia Mo		23c. DATE SIGNED 30 Aug 51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 1st 1951		24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Cole Camp Mo	
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DATE REC'D BY LOCAL REG. 9/1/1951		REGISTRAR'S SIGNATURE A. J. Campbell M.D. Robert Hall Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. L. Eichhoff Cole Camp Mo	
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(Licensed Embalmers' Statement on Reverse Side)

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

281

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 9-4-51

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.