

U.S. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1827

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5635 Registrar's No. 16

0530
1

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union T. S.</u>		c. LENGTH OF STAY (In this place) <u>1901</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Philipsburg Rt. 1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union T. S.</u> <u>0530</u>	
		d. STREET ADDRESS (If rural, give location) <u>Philipsburg Rt. 1</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Anton</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Heimaster</u>	(Month) <u>Feb.</u>	(Day) <u>3</u>	(Year) <u>1952</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Feb. 10 1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Skone Sweden</u> <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>John Heimaster</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Olson</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Waller Heimaster</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. G. L. Heimaster Philipsburg Rt. 1</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of bowels</u> <u>also of feet</u>		
	ANTECEDENT CAUSES Morbid 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. <u>Erectitis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	<u>15 3 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from 1-1, 1951 to 2-3, 1952 that I last saw the deceased alive on 1-31, 1952, and that death occurred at 2:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>Coinway, Mo.</u>	23c. DATE SIGNED <u>2-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 6 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon MO.</u>
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DATE REC'D BY LOCAL REG. <u>2-6-1952</u>	REGISTRAR'S SIGNATURE <u>Hella L. Way</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Lebanon Mo</u>
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Received FEB 9 1952
Laclede County Health Unit
File No. 2-52-8
Date Filed FEB 12 1952

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 S. R. Palmer.....

Licensed Embalmer No. 2208.....

P. O. Address Lubron.....

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.