

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 11 1952

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 20

540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ON 40 HIWAY Rural Freedom</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FREEDOM TWP 0541</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 MI WEST CONCORDIA MO ON ROUTE TO HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3 MI SOUTH EAST CONCORDIA MO</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>NYLA</u>	b. (Middle) <u>KAY</u>	c. (Last) <u>HEUERMANN</u>	<u>MAR 5 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>OCT 9, 1948</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>CONCORDIA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>EDWIN HEUERMANN</u>	13b. MOTHER'S MAIDEN NAME <u>THERLA LINDEMAN</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EDWIN HEUERMANN</u>	ADDRESS <u>CONCORDIA MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Convulsions of undetermined origin</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</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>Acute follicular tonsillitis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>473x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 March 1952, to 5 March 1952, that I last saw the deceased alive on 5 March 1952, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Archie A. Best</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Higginsville Mo.</u>	23c. DATE SIGNED <u>3/5/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAR 9, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOLY CROSS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>EMMA MO</u>
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DATE REC'D BY LOCAL REG. <u>March 6-1952</u>	REGISTRAR'S SIGNATURE <u>Clayton H Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Johnson</u>	ADDRESS <u>Concordia, Mo</u>
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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 E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.