S. No. 300
v. 10.48

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

FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 775

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 6

3260
1

1. PLACE OF DEATH
a. COUNTY: COLE (Jefferson Twp)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. R. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY 1260
d. STREET ADDRESS (If rural, give location): R. R. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): JOHN
c. (Last): Heimericks

4. DATE OF DEATH (Month) (Day) (Year): JAN. 5, 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: DEC. 13, 1907
9. AGE (In years last birthday): 45 — If under 1 year: Months 0, Days 22 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): JEFFERSON CITY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: WILLIAM HEIMERICKS
13b. MOTHER'S MAIDEN NAME: SOPHIA DE LONG
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WAR 2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: WILLIAM HEIMERICKS
ADDRESS: JEFFERSON CITY

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 0

DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Buerger's Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: as coroner

22. *I hereby certify that I attended the deceased from* January 3-53 *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* about 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. G. Bruce (Degree or title) MD
23b. ADDRESS: 34 Madison Jefferson City Mo
23c. DATE SIGNED: 1/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: ST. PETERS
24d. LOCATION (City, town, or county) (State): JEFFERSON CITY, MO.

DATE REC'D BY LOCAL REG.: Jan 7-1953
REGISTRAR'S SIGNATURE: R. P. Harris MD
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Dulle
ADDRESS: J. C. MO.

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1953

JUN 16 1953

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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.