

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13152**

FILED MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. <b>2</b>		PRIMARY REG. DIST. NO. <b>5015</b>		Registrar's No. <b>35</b>	
1. PLACE OF DEATH a. COUNTY <b>Andrew</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>			
b. CITY OR TOWN <b>RURAL 9 mi West Savannah</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>RURAL 9 mi West Savannah</b>		d. STREET ADDRESS (If rural, give location) <b>on Highway 275 - 0070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>on Highway 275</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>Gottlieb Nicholas Heyman</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>5-4-1953</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>7-20-1877</b>		9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 24 HRS. Hours <b>14</b> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Bern Switzerland 5</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Nicholas Herman</b>			13b. MOTHER'S MAIDEN NAME <b>Rosa Steinman</b>		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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Rose Herman Savannah mo</b>				ADDRESS <b>no</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>					
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 <b>4222</b>				20. AUTOPSY? YES <input 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 <b>Oct 11, 1898</b> , to <b>5-4, 1953</b> , that I last saw the deceased alive on <b>Apr 29, 1953</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Rose Herman</b> (Degree or title)				23b. ADDRESS <b>Savannah Mo</b>		23c. DATE SIGNED <b>5-5-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <b>AMAZONIA</b>		24d. LOCATION (City, town, or county) (State) <b>AMAZONIA MO</b>		
DATE REC'D BY LOCAL REG. <b>5-7-53</b>		REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Breit Funeral Home Savannah mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 1954

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. E. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.