

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17251

State File No.

FILED MAY 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>47</u>	PRIMARY REG. DIST. NO. <u>3008</u>	Registrar's No. <u>182</u>
1. PLACE OF DEATH a. COUNTY <u>CALLOWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON MISSOURI</u>		c. LENGTH OF STAY (in this place) <u>16 M</u>	c. CITY OR TOWN <u>TA OS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1.</u>		e. STREET ADDRESS (If rural, give location) <u>0260</u>		
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First)	b. (Middle) <u>HEIMERICKS</u>	c. (Last)
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>January-12 1876</u>
9. AGE (In years last birthday) <u>77</u>		f UNDER 1 YEAR Months <u>4</u>	f UNDER 1 YEAR Days <u>2</u>	f UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>keeping own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HENRY HENKE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KOETTING</u>	14. NAME OF HUSBAND OR WIFE <u>GERHARDT HEIMERICKS</u>	
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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORDS FULTON MO,</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES <u>SENILE PSYCHOSIS SIMPLE TYPE</u> DUE TO (b) <u>GENERALIZED ARTERIO SCLEROSIS</u> DUE TO (c) <u>LONG STANDING</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	<u>4221</u>
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 <u>JAN 28</u> , 19 <u>52</u> , to <u>MAY 14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 14 1953</u> , and that death occurred at <u>2:00 p m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Harvey Howler M.D.</u>		23b. ADDRESS <u>Fulton Missouri.</u>	23c. DATE SIGNED <u>May 14-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		DATE <u>May 16, 1953</u>	24b. NAME OF CEMETERY OR CREMATORY <u>St. Francis Xavier</u>	24c. LOCATION (City, town, or county) (State) <u>Paris, Mo</u>
DATE REC'D BY LOCAL REG. <u>May 14-1953</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	<u>426-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Gulle</u>	ADDRESS <u>J.C. Mo.</u>

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

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MAY 29

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.....
Signature of Student Embalmer

Signed.....
Sylvester Dull

Licensed Embalmer No. 4321

P. O. Address *Jefferson City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.