

FILED JUL 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19906

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>122</u>			
1. PLACE OF DEATH a. COUNTY Phelps Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla, Mo.		c. LENGTH OF STAY (In this place) 9 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo.					
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home				d. STREET ADDRESS (If rural, give location) Mo.					
3. NAME OF DECEASED (Type or Print) Steve Heimann			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH July 5, 1954.			4. DATE (Month) (Day) (Year)		OF DEATH July 5, 1954.				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 12, 1874		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Maries County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Heimann			13b. MOTHER'S MAIDEN NAME Mary Moore			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Heimann, Vienna, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis.						INTERVAL BETWEEN ONSET AND DEATH yes	
		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. Saunility + arteriosclerosis							
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)					
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>10-7-1953</u> to <u>present</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>3:05A.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE E. E. Fein M.D.				23b. ADDRESS Rolla, Mo.				23c. DATE SIGNED 7-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Visitation Cemetery		24d. LOCATION (City, town, or county) (State) Vienna, Mo.			
DATE REC'D BY LOCAL REG. July 8, 1954		REGISTRAR'S SIGNATURE Nadine S. Stoll		5. FUNERAL DIRECTOR'S SIGNATURE W. C. Cunningham		ADDRESS Vienna, Mo.			

County File Number _____
Date Filed Jan 12 1958

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 _____

.....
working under my personal supervision.

Student

Student Embalmer No.

Signed *J. P. ...*

Licensed Embalmer No. 3664

P. O. Address *...*

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.