No. 300
10-48

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28692

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6056 Registrar's No. 37

930
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Lowry) Butler
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN: Mayview
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0540 1

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): H.
c. (Last): Heidbrink

4. DATE OF DEATH (Month) (Day) (Year): Aug; 14, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-27-1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — 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 (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: August Heidbrink
13b. MOTHER'S MAIDEN NAME: Unknown
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): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ray Heidbrink, Kansas City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — Several yrs.
DUE TO (c)

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: 4201
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?

22. *I hereby certify that I attended the deceased from* Aug. 6, 1954, *to* Aug. 14, 1954, *that I last saw the deceased alive on* Aug. 14, 1954, *and that death occurred at* 7:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G B Domann Dr.
23b. ADDRESS: Lowry City Mo
23c. DATE SIGNED: 8/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-54
24c. NAME OF CEMETERY OR CREMATORY: Higginsville
24d. LOCATION (City, town, or county) (State): Higginsville Mo

DATE REC'D BY LOCAL REG.: 8-17-54
REGISTRAR'S SIGNATURE: Ruth Seevers 288-
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J B Goodrich, Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ...J. B. Goodrich.....

Licensed Embalmer No. 303

P. O. Address Osceola

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.