

STANDARD CERTIFICATE OF DEATH

30136

State File No. _____

FILED OCT 5 1954

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>COLE</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) OR TOWN <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>TAOS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R #3 JEFFERSON CITY</u>		e. STREET ADDRESS (If rural, give location) <u>LIBERTY TOWNSHIP</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERHARD</u>		b. (Middle) <u>HEIMERICKS</u>	c. (Last) _____
4. DATE OF DEATH <u>SEPT. 29, 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>MAY 30, 1873</u>	
9. AGE (In years last birthday) <u>81</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer retired</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Holland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY HEIMERICKS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET BEMBOOM</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY HINKE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HENRY TALKEN</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u> ANTECEDENT CAUSES <u>& metastasis</u> Morbidity 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u>	
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>7/10</u> , 19 <u>52</u> , to <u>9/29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/29</u> , 19 <u>54</u> , and that death occurred at <u>5:45 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>N. Kanagawa, M.D.</u> (Degree or title)		23b. ADDRESS <u>Sullivan Bldg</u>	
23c. DATE SIGNED <u>9/27/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>10/2/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST FRANCIS XAVIER</u>	
24d. LOCATION (City, town, or county) <u>TAOS, MO.</u> (State) _____		25. FEDERAL DIRECTOR'S SIGNATURE <u>Sylvester D. Miller</u>	
DATE REC'D BY LOCAL REG. <u>Sept 29 - 1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis</u> ADDRESS <u>J. C. MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 13 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.....
Signature of Student Embalmer

Signed.....
Sylvester Delle

Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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.