No. 300
10-48

FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37892

BIRTH NO. 70998-54 REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4271 Registrar's No. 90

0540

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alma
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died in the home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alma
d. STREET ADDRESS (If rural, give location): R R #1

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3. NAME OF DECEASED (Type or Print)
a. (First): RAY
b. (Middle): Eldon
c. (Last): Heimsoth

4. DATE OF DEATH (Month) (Day) (Year): 12-11-54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct-16-54
9. AGE (In years last birthday): If under 1 year: Months 1 Days 20; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Lexington Memorial Hospital
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Norbert E Heimsoth
13b. MOTHER'S MAIDEN NAME: Mildred S Schnake
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Norbert E Heimsoth Alma Mo ADDRESS

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) ① Suffocation? ② Overwhelming

ANTECEDENT CAUSES: respiratory infection

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Body found in basket where he slept. At 6:30 in A.m. by mother

DUE TO (c) No evidence of violence found

II. OTHER SIGNIFICANT CONDITIONS - Child had a minor respiratory infection for several days

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No surgery
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20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suffocation?
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) 054 (COUNTY) (STATE): Alma Davis T.P. Lafayette Mo
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* after death on 19 Dec 11, 1954, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 6:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W Martin Md Coroner
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 12-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 12, 1954
24c. NAME OF CEMETERY OR CREMATORY: Trinity Lutheran
24d. LOCATION (City, town, or county) (State): Alma Lafayette, Mo

DATE REC'D BY LOCAL REG.: Dec 11-1954
REGISTRAR'S SIGNATURE: Clayton W. Landrum 154
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Alfred H. Bremer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Alfred H. Baemer

Licensed Embalmer No. 7696

P. O. Address Alma, 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.