

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>			c. LENGTH OF STAY (In this place) <u>3 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>			1001
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>122 HEEB ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>			b. (Middle) <u>ANDREW</u>		c. (Last) <u>HIMMELSBACH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 20, 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>11-7-1886</u>		9. AGE (In years last birthday) Months Days <u>68</u> / <u>1</u> / <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE FACTORY WBR. (RET)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SPORTS SPECIALTY SHOES</u>		11. BIRTHPLACE (State or foreign country) <u>NEW HAMBURG, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHRIS HIMMELSBACH</u>			13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE KLIPFEL</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA HIMMELSBACH</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>486-18-4771</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANCES HIMMELSBACH - CHAFFEE, Mo</u>			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) <u>APLASTIC ANEMIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
				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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2924</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Jan 4, 1954</u> to <u>Dec 20, 1954</u> , that I last saw the deceased alive on <u>Dec 20, 1954</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward O. Campbell M.D.</u>				23b. ADDRESS <u>Capt. Mauldin MO</u>		23c. DATE SIGNED <u>Dec 21, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-22-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHAFFEE, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-22-54</u>		REGISTRAR'S SIGNATURE <u>C. C. Summer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. C. Summer</u>			
				ADDRESS <u>Chauffee, Mo.</u>			

JAN 25 1955

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
Student Embalmer

Signed Jack L. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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.