

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40490

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5347</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural N. Benton</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>0200</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Plad Mo. Star Route</u>				f. STREET ADDRESS (If rural, give location) <u>plad, Mo. Star Route</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roland</u> b. (Middle) <u>R</u> c. (Last) <u>Heim</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 9 - 1905</u>	
9. AGE (in years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Inman Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Geo. Heim</u>		13b. MOTHER'S MAIDEN NAME <u>Anna</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Mae Heim</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lula Mae Heim plad, Mo. Star R.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in Home</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9160</u> <u>16</u>				INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>03</u> (STATE) <u>Ni Benton Dallas, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-31-1954 1:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Home Burning</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Bob Franklin Shuff</u>				23b. ADDRESS <u>Buffalo, Mo</u>		23c. DATE SIGNED <u>12-31-1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-4-55</u>		REGISTRAR'S SIGNATURE <u>Grace Peterson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Funeral Home</u>		ADDRESS <u>Buffalo, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300

10. 48

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

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 *Clyde Montgomery*.....  
Licensed Embalmer No. *359*.....  
P. O. Address *Buffalo, N.Y.*.....

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.