

FILED APR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7561**

BIRTH NO. _____ REG. DIST. NO. **65** PRIMARY REG. DIST. NO. **4113** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK	
c. LENGTH OF STAY (in this place) 42 YRS		d. STREET ADDRESS (If rural, give location) WEST BROADWAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) FREDERICK	b. (Middle) C.	c. (Last) HEIMER	4. DATE OF DEATH (Month) (Day) (Year)
				3 27 1955

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-21-1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY GARAGE WORK	11. BIRTHPLACE (City and State or Foreign Country) HANSTON KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRANCES HEIMER	13b. MOTHER'S MAIDEN NAME POENA BISHOP	14. NAME OF HUSBAND OR WIFE DOROTHY HEIMER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 496-05-1716	17. INFORMANT'S SIGNATURE OR NAME MRS. F.C. HEIMER	ADDRESS BRUNSWICK MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		7 days
	ANTECEDENT CAUSES DUE TO (b) Cerebral vascular accidents		2 years
	DUE TO (c) Cardiovascular disease		2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerosis			unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **MAR 19 - 1955**, to **MAR 27 - 1955**, that I last saw the deceased alive on **MAR 27 - 1955**, and that death occurred at **8:00** m., from the causes and on the date stated above.

23a. SIGNATURE Traver C. Rice M.D.	(Degree or title)	23b. ADDRESS Branswick Mo	23c. DATE SIGNED 3-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-31-1955	24c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE	24d. LOCATION (City, town, or county) (State) BRUNSWICK MO.
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DATE REC'D BY LOCAL REG. 3-31-55	REGISTRAR'S SIGNATURE Mildred B...	56	25. FUNERAL DIRECTOR'S SIGNATURE L. Wheeler	ADDRESS Branswick
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

VS JUN 19 1959

JUN 22 1959

SEP 27 1960

STATEMENT BY LICENSED EMBALMER

(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

L. W. Meisel

Licensed Embalmer No.

823

P. O. Address

Ormsville, N.

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.