

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. M

8718

570
3

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5672 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Burr Oak</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Burr Oak Township</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mile NORTH OF FOLEY</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. north of FOLEY</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>HEINEMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21-55</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>Feb. 6, 1889</u>
9. AGE (In years last birthday) <u>66</u>		10. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHESTERFIELD, MO</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY Heinemann</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Henry Heinemann</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Henry Heinemann FOLEY, Missouri.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest & Internal Injuries</u> INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u> ANTECEDENT CAUSES DUE TO (b) <u>Being Struck By A Diesel Train</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> at a private crossing on the Burlington DUE TO (c) <u>railroad.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Coroner's Jury Verdict)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>EPOX 35</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>railroad track</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Burr Oak Township Lincoln Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar. 21, 1955 UK</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Walked across in front of train.</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>UK</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph L. Marsh</u> Coroner (Degree or title) <u>Lincoln Co. Mo.</u>		23b. ADDRESS <u>351 Monroe St. Troy, Mo.</u>	
23c. DATE SIGNED <u>3/24/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>3-23-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Emma B. Riddle</u> ADDRESS <u>ELSBERRY, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ELSBERRY, Mo</u>	

3-26-55

(Increased Embelmer's Statement on Reverse Side)

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

APR 20 1958

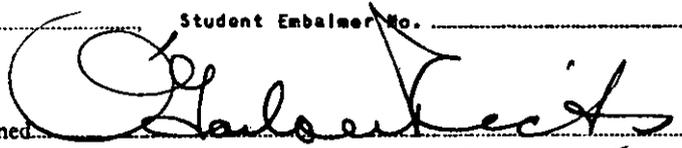
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4012

P. O. Address Esberry, 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.