

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26830

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Aurora</u>		c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>		c. CITY OR TOWN <u>Aurora</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u># 4 Park Terrace</u>				STREET ADDRESS (If rural, give location) <u>#4 Park Terrace</u>			
3. NAME OF DECEASED (Type or Print) <u>HARRY ARTHUR HEIM</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>August 15, 1955</u>		4. DATE (Month) (Day) (Year)		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>Oct. 5, 1899</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Supply</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ash Grove, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel R. Heim</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Presnell</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred A. Heim</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-05-1459</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred A. Heim</u>		ADDRESS <u>Aurora, MO.</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, 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) <u>Suicide with 32-20 Pistol Through head</u>				ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>Cancerous condition</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X H</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. AGONY SUICIDE (Specify) <u>with 32-20 Pistol Through head</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.D. Dwight Coroner, Lawrence Co.</u>				23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>8-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Mem. Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8/18/55</u>		REGISTRAR'S SIGNATURE <u>Oran Mc Nath</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oran Mc Nath</u>		ADDRESS <u>Aurora, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

AUG 21 1958

AUG 21 1958

MAY 22 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
Signature of Student Embalmer

Signed *Irvin R. Bernick*

Licensed Embalmer No. *492*

P. O. Address *Avoca, Ill.*

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.