

FILED SEP 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 28872

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. LENGTH OF STAY (in this place) <b>3 weeks</b>	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>20</b>	
No. 1. STREET ADDRESS		(If rural, give location) <b>Hartford Township</b> <b>0821</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>D'Arline</b>	b. (Middle)	c. (Last) <b>Heim</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 16 1955</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 15, 1891</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 1 MRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>seamstress</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>McBrady slipcover</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pike Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Samuel Culwell</b>	13b. MOTHER'S MAIDEN NAME <b>Permelia Woodson</b>	14. NAME OF HUSBAND OR WIFE <b>Champ Heim</b>
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>498-05-8893</b>	17. INFORMANT'S SIGNATURE OR NAME <i>Gertrude Heim Vandalia Mo</i>	ADDRESS
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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, asthma, 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) <b>Acute Cardiovascular decompensation</b>	DUE TO (b) <b>Metastatic Carcinoma</b>		<b>12 hr.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <b>Carcinoma of breast</b>		<b>1 yr.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>170X</b>		<b>18 mo.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Aug. 2, 1955, to Sept. 16, 1955, that I last saw the deceased alive on Sept. 16, 1955, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>E. W. Lindsey D.O.</i>	23b. ADDRESS <i>Ladonia, Missouri</i>	23c. DATE SIGNED <b>9-18-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sep 18, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Vandalia, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept 18-1955</b>	REGISTRAR'S SIGNATURE <i>Blanche Neely</i>	FUNERAL DIRECTOR'S SIGNATURE <i>William B. Waters</i>	ADDRESS <b>Vandalia, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 03 23

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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 *William B. State*

Licensed Embalmer No. *416*

P. O. Address *Dandelia*

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.