S. No. 300
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FILED MAR 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4175

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson City
c. LENGTH OF STAY (in this place) 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Chas. Still Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cole
c. CITY OR TOWN Jefferson City, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) R.R.#5 0260 1

3. NAME OF DECEASED (Type or Print)
a. (First) BARBARA
b. (Middle)
c. (Last) H EIMERICKS

4. DATE OF DEATH (Month) (Day) (Year) FEB. 25, 1956

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 10, 1877
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months 5 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CITY, MO. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HENRY VEITH
13b. MOTHER'S MAIDEN NAME ANNA ANTWEILER
14. NAME OF HUSBAND OR WIFE GEORGE J. HEIMERICKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S ~~SIGNATURE OR~~ NAME TONY HEIMERICKS J.C.MO. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal Obstruction 4 days
DUE TO (c) Chronic Enteritis 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Of the Intestines

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5723
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 17th, 1956 *to* 2-25, 1956, *that I last saw the deceased alive on* 2-25, 1956 *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ed Spencer Mccauley DO
23b. ADDRESS 303 W. McCarty Jefferson City
23c. DATE SIGNED 2-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 2-28-56
24c. NAME OF CEMETERY OR CREMATORY Resurrection
24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

DATE REC'D BY LOCAL REG. 28 Feb 1956
REGISTRAR'S SIGNATURE R. P. Dorris MD MR
25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle
ADDRESS J.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.