

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH8932  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>5546</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>At home</u>		c. LENGTH OF STAY (in this place) <u>3 Months</u>		c. CITY OR TOWN <u>Fayette</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy Margaret</u>		b. (Middle) <u>Windsor</u>		c. (Last) <u>Heim</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 6th, 1869</u>	
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pleasant Green, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henderson Windsor</u>		13b. MOTHER'S MAIDEN NAME <u>Loybendia Coleman</u>		14. NAME OF HUSBAND OR WIFE <u>William Frank Heim.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Catherine Reinbold, Fayette, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>none</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unknown</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)		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 <u>3-14-56</u> , 19 <u>56</u> , to <u>3-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-14-56</u> , 19 <u>56</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mr. J. Shaw M.D.</u>				23b. ADDRESS <u>Fayette Mo.</u>			
23c. DATE SIGNED <u>3-27-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 16 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Peninsula</u>	
24d. LOCATION (City, town, or county) (State) <u>Cooper County, Missouri</u>		DATE REC'D BY LOCAL REG. <u>3/24/56</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman &amp; Boller, Boonville, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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APR 14 1956

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 W Wood* .....

Licensed Embalmer No. 4599.....

P. O. Address... Boonville,...

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.