

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9874**
Registrar's No. **29**

FILED APR 9 - 1956
BIRTH NO. _____ REG. DIST. NO. **24** PRIMARY REG. DIST. NO. **3046**

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) California		c. CITY (If outside corporate limits, write RURAL and give township) rural Walker 066°	
c. LENGTH OF STAY (In this place) 8 days		d. STREET ADDRESS (If rural, give location) 2½ mi. East of California	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lathan Sanatorium			
3. NAME OF DECEASED a. (First) Mary b. (Middle) Louise c. (Last) Heidbreder			4. DATE OF DEATH (Month) (Day) (Year) April I 1956
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 8, 1891
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 2 Days 23	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 (State or foreign country) 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry B. Lammert		13b. MOTHER'S MAIDEN NAME Eldora Z. Morris	14. NAME OF HUSBAND OR WIFE Walter Heidbreder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Walter Heidbreder ADDRESS California, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 9 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis + Hypertension 2 + years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
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) California, Moniteau, Mo	
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 3-25, 1956 , to 4-1, 1956 , that I last saw the deceased alive on 4-1, 1956 , and that death occurred at 10:50 am. , from the causes and on the date stated above.			
23a. SIGNATURE R B D... M.D. (Degree or title)		23b. ADDRESS California, Mo	
23c. DATE SIGNED 4-1-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 4, 56	24c. NAME OF CEMETERY OR CREMATORY Evangelical	24d. LOCATION (City, town, or county) (State) California Mo.
DATE REC'D BY LOCAL REG. 4/8/56		25. FUNERAL DIRECTOR'S SIGNATURE A. E. Wilson ADDRESS California, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1951 S NMF

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.

Signed..... A. E. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 235I

P. O. Address California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.