

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10186**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4431** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY OR TOWN <b>Dixon</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Dixon</b>	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		e. STREET ADDRESS (If rural, give location) <b>0850</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b>	b. (Middle) <b>Estelle</b>	c. (Last) <b>Heimerle</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 8 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5/15/1886</b>
9. AGE (in years last birthday) <b>69</b>	f UNDER 1 YEAR Months <b>9</b>	g UNDER 1 YEAR Days <b>23</b>	h UNDER 1 YEAR Hours <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New York State</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>George Heimerle</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Helen Heimerle</b>	ADDRESS <b>Alameda, Calif. 2803 Marine Dr.</b>
---	--	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coma</b>	DUE TO (b) <b>Cerebral Hemorrhage &amp; Thrombosis</b>		<b>4 days</b>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <b>Hypertension</b>		<b>4 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>Hypoglycemia - Diabetes</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	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)	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 **3-5-**, 19**56**, to **3-7-**, 19**56**, that I last saw the deceased alive on **3-7-**, 19**56**, and that death occurred at **12:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>K. W. Milligan, M.D.</b>	23b. ADDRESS <b>Dixon, Mo</b>	23c. DATE SIGNED <b>3/10/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/10/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dixon Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Dixon, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>3-10-56</b>	REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred H. Gilbert</b>	ADDRESS <b>Dixon, Mo</b>
--	--	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-10-56  
Tulsa County Health Officer  
File Number  
Date Filed 3-31-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Maurice E. Schierbaum*

Licensed Embalmer No. 4

P. O. Address ..... Dixon

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