

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26466

State File No. \_\_\_\_\_

FILED SEP 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 488 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>SULLIVAN</u>	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 <u>MIRAMEC ICE &amp; FUEL</u>		No. STREET ADDRESS (If rural, give location) <u>115 HUGHES FORD ROAD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u> b. (Middle) <u>HEIMANN</u> c. (Last) <u>HEIMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 30 1956</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 7, 1891</u>	9. AGE (In years last birthday) <u>64</u>	If UNDER 1 YEAR Months <u>10</u> Days <u>29</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>VARIETY STORE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MONTROSE, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MARTIN HEIMANN</u>	13b. MOTHER'S MAIDEN NAME <u>ROSINA SANTEL</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET BIRK</u>
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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>488-09-0293</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH HEIMANN</u> ADDRESS <u>SULLIVAN, MO.</u>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
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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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Jan 1954, to Aug 30, 1956, that I last saw the deceased alive on Aug 29 1956, and that death occurred at 11:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. Detamore MD</u>	23b. ADDRESS <u>Sullivan, Mo</u>	23c. DATE SIGNED <u>1/156</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. ANTHONY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>
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DATE REC'D BY LOCAL REG. <u>SEP. 1, 1956</u>	REGISTRAR'S SIGNATURE <u>Thomas A. Dempsey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. H. H.</u> ADDRESS <u>Sullivan, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Harrison M. Eaton*.....

Licensed Embalmer No. *4192*.....

P. O. Address *Sullivan*.....

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.