

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 33766
 State File No.

FILED NOV 13 1956

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>297</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY in this place <u>1 day</u>		c. CITY OR TOWN <u>Corder (Rural)</u> <u>1 1/2 Mi. East</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>Wetzel Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2541</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johanna</u>		b. (Middle) <u>Louise</u>		c. (Last) <u>Heimsoth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>28</u> <u>56</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 9, 1898</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Peter Harms</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Renken</u>	
14. NAME OF HUSBAND OR WIFE <u>Eric Heimsoth</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>Eric Heimsoth</u> <u>Corder, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory collapse</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary infarct & embolus</u> DUE TO (c) <u>Myocardial Thrombus of heart</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhagic pancreatitis</u>			
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>26 hrs</u> <u>420.1</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>		22. I hereby certify that I attended the deceased from <u>Dec 27</u> , 19 <u>51</u> , to <u>Oct 28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Oct 28</u> , 19 <u>56</u> , and that death occurred at <u>11:20 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Edwin Wilson D.O.</u>	
23b. ADDRESS <u>Higginsville, Mo</u>		23c. DATE SIGNED <u>10/30/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-30-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Corder, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mildred Bigum</u>		ADDRESS <u>Higginsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-5-56</u>		REGISTRAR'S SIGNATURE <u></u>		(Licensed Embalmer's Statement on Reverse Side)			

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

5210

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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..... *Forrest R. Hoefler*
4801

Licensed Embalmer No.....
Higginsville, Mo
P. O. Address.....

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.