

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25348

State File No. _____

0630
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BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Miller Twp. Rural) c. LENGTH OF STAY (in this place) 45Yrs		c. CITY OR TOWN Brinktown, Mo. d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Home		e. STREET ADDRESS (If rural, give location) Rural Miller Twp. 0620	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) L.	c. (Last) Heimann	4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1957.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 5, 1877.	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 8 Days 27 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Maries County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lawrence Koerber	13b. MOTHER'S MAIDEN NAME Margaret Richter	14. NAME OF HUSBAND OR WIFE John Heimann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Heimann, Brinktown, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 years.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with coronary sclerosis.		
	ANTECEDENT CAUSES DUE TO (b) Hypertension.		
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 4200	20. AUTOPSY? 2 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)
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?

22. I hereby certify that I attended the deceased from January 18, 1945, to August 2, 1957, that I last saw the deceased alive on August 1, 1957, and that death occurred at 2:00P.m., from the causes and on the date stated above.

23a. SIGNATURE D. C. Howard (Degree or title) D. O.	23b. ADDRESS Vienna, Mo.	23c. DATE SIGNED 8-6-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/5/57	24c. NAME OF CEMETERY OR CREMATORY Guardian Angel	24d. LOCATION (City, town, or county) (State) Brinktown, Mo.
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DATE REC'D BY LOCAL REG. 8-6-57	REGISTRAR'S SIGNATURE Pauline Howard	FEDERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Vienna, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *W. B. Cunningham*.....

Licensed Embalmer No. 366.....

P. O. Address *Memphis*.....

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.