

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32483
STATE FILE NUMBER

FILED SEP 23 1957

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 93

| | | | | | | | | | | | |
|---|--|--|---|---|--|--|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Lafayette | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Higginsville, Mo. 65403 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital | | | Length of stay in lb 7 Hr. | | d. STREET AND ADDRESS I mi. S of Higginsville | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) EMIL OTTO HEIMSOTH | | | | 4. DATE OF DEATH September 14 1957 | | First EMIL | | Middle OTTO | | Last HEIMSOTH | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH March 31, 1892 | | 9. AGE (In years last birthday) 65 | | IF UNDER 1 YEAR Months 5 Days 15 Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming own farm. | | 11. BIRTHPLACE (City and state or country) Cole Camp, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME H. D. Heimsoth | | | | | | 14. MOTHER'S MAIDEN NAME Catherine Harms | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. 497-40-4462 | | 17. INFORMANT Norbert Heimsoth Alma, Missouri | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Irreversible shock | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 hrs | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple injuries incurred in farm machinery accident 9/12 | | | | | | | | | | 9 1/2 hrs | |
| DUE TO (c) | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 3 | | | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Injured fell into ensilage cutter suffering severe injuries of both legs and groin | | | | | | | | |
| 20c. TIME OF INJURY 5:30 p.m. Sep 13, 1957 | | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm | | | | | | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 20f. CITY, TOWN, OR LOCATION 3 mi W of Concordia Lafayette Missouri | | | 20g. COUNTY Lafayette STATE Missouri | | | | | |
| 21. I attended the deceased from Sept 13, 1957 to Sept 14, 1957 and last saw him alive on Sept 14, 1957 Death occurred at 3:19 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | | | |
| 22a. SIGNATURE (Dress or title) H. H. Hoefler M.D. | | | | | | 22b. ADDRESS Concordia, Mo. | | | 22c. DATE SIGNED 9/16/57 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9-17-1957 | | 23c. NAME OF CEMETERY OR CREMATORY City | | | 23d. LOCATION (City, town, or county) (State) Higginsville, Missouri | | | | |
| 24. FUNERAL DIRECTOR Rorrest R. Hoefler | | | | ADDRESS Higginsville, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-18-57 | | 26. REGISTRAR'S SIGNATURE Maura E. Eastman | | | |

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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RECEIVED
SEP 24 1957

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 *Forest R. Hoefler*

Licensed Embalmer No. 4801

P. O. Address Higginsville

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.