

Public Health Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STANDARD CERTIFICATE OF DEATH

58-009538  
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Bois D Arc</b> <sup>0390</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Burge</b>		d. STREET ADDRESS (If outside, give location) <b>Route # 1,</b>	
3. NAME OF DECEASED (Type or print) First <b>LAWRENCE</b> Middle <b>ANTHONY</b> Last <b>HEIM</b>		4. DATE OF DEATH <b>March 10, 1958</b>	
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 13, 1918</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>M.F.A. Mill</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>M.F.A.</b>	11. BIRTHPLACE (City and state or country) <b>Selden, Kansas</b>
13a. FATHER'S NAME <b>Anthony Heim</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Bruggeman</b>	14. NAME OF HUSBAND OR WIFE <b>Wilma</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) <b>yes W.W.# 2</b>		16. SOCIAL SECURITY NO. <b>509-18-9784</b>	17. INFORMANT Address <b>Mrs. Wilma Heim Bois D. Arc, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probably Coronary Occlusion</b> DUE TO (b) _____ DUE TO (c) <b>UNATTENDED BY A PHYSICIAN</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <del>March 10, 1958</del> <b>March 10, 1958</b> last saw him alive on _____ Death occurred at <b>About 6:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Charles P. Ames Health Officer</b>		22b. ADDRESS <b>Greene County Health Dept. Springfield, Mo.</b>	
22c. DATE SIGNED <b>3-11-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 14, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Colby, Kansas</b>
24. FUNERAL DIRECTOR <b>Ralph Thieme</b>		ADDRESS <b>Springfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-11-58</b>
		26. REGISTRAR'S SIGNATURE <b>Effie G. Mellon</b>	

APR 3 1958  
MAR 19 1958

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 *Lee Mason* .....

Licensed Embalmer No. 4568 .....  
P. O. Address Springfield, Mo. .....

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.