

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010955

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Sedalia</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Williams Township</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Bothwell Hospital</b> INSTITUTION		Length of stay in lb <b>13 Hours</b>	d. STREET ADDRESS <b>1 Mile West Cole Camp</b> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Frederich</b> Middle <b>Edward</b> Last <b>Heisterberg</b>			4. DATE OF DEATH Month <b>March</b> Day <b>18th</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 13th 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	9. AGE (In years last birthday) <b>70</b>
11. BIRTHPLACE (City and state or country) <b>Brauersville Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John Heisterberg</b>		14. MOTHER'S MAIDEN NAME <b>Anna Grannamann</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-42-5176</b>	17. INFORMANT <b>Mrs Leonard Toboban</b> Address <b>Mission Kansas</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>Arterio-sclerotic Heart Disease chronic</b> DUE TO (b) <b>Arterio-sclerosis chronic</b> DUE TO (c) <b>I have treated patient off &amp; on for 2 yrs.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FORMAL DISEASE CONDITION GIVEN IN PART I (a) <b>Nephritis chronic</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>
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.) <b>X</b>	
20c. TIME OF INJURY Hour <b>X</b> Month <b>X</b> Day <b>X</b> Year <b>X</b> a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>X</b>	
21. I attended the deceased from <b>March 17/58</b> to <b>March 18</b> and last saw him alive on <b>3/17/58</b> Death occurred at <b>5 a m</b> on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE (Degree or title) <b>Dr. B. C. Kerner</b>		22b. ADDRESS <b>Sedalia, Mo</b>	22c. DATE SIGNED <b>3/20/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar 20th 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Trinity Lutheran Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cole Camp Mo</b>
24. FUNERAL DIRECTOR <b>E. I. Eichhoff</b> ADDRESS <b>Cole Camp Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3-25-1958</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, public service, 800-56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are near-diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 22 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 *Charles F. Fox*.....

Licensed Embalmer No. *46*.....

P. O. Address *Cole Camp M*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.