Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022402
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 172 Primary Registration District No. 5643 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): EMMA — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): EMMA, MO — Length of stay in Hospital: 64 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LAFAYETTE
c. CITY OR TOWN: EMMA - MO — Inside Limits: Yes [X] No [ ]
STREET ADDRESS (If outside, give location): 0548 MAPLE STREET — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: LILLY Middle: Last: HEERMANN
4. DATE OF DEATH: Month: JUNE Day: 14 Year: 1958
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: FEB. 8. 1894
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): EMMA, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: FRITZ HEERMANN
13b. MOTHER'S MAIDEN NAME: MARIE SCHLWETER
14. NAME OF HUSBAND OR WIFE: NONE
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.: NO
17. INFORMANT: ALVIN HEERMANN Address: CONCORDIA, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Terminal uremia — INTERVAL BETWEEN ONSET AND DEATH: 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of ovary c̄ generalized metastases — 5½ yrs
DUE TO (c):
1750
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 July 29, 1953, to June 14, 1958 and last saw her alive on June 13, 1958
Death occurred at 9:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. Brady (Degree or title) MD
22b. ADDRESS: Concordia Mo
22c. DATE SIGNED: 6/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/17/58
23c. NAME OF CEMETERY OR CREMATORY: Holy Cross
23d. LOCATION (City, town, or county): EMMA (State): Mo.

24. FUNERAL DIRECTOR: E. S. Jones ADDRESS: Concordia, Mo
25. DATE RECD. BY LOCAL REG.: June 18-1958
26. REGISTRAR'S SIGNATURE: Morris D Bailey

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 21 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 ....me...., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed ....E. S. James....

Licensed Embalmer No. ..2058..

P. O. Address ....Columbia....

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.