

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022403

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 171 Primary Registration District No. 4268 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Twns.</b>		c. CITY OR TOWN <b>054 CROWN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 Mi. NW of Mayview Life</b>		d. STREET ADDRESS <b>2 Mi. NW of Mayview</b>	
3. NAME OF DECEASED (Type or print) First <b>Cornelius</b> Middle <b>R.</b> Last <b>Heidbrink</b>		4. DATE OF DEATH Month <b>June</b> Day <b>25</b> Year <b>1958</b>	
5. SEX <b>male</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. 16, 1908</b>
9. AGE (In years (or birthday)) <b>49</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <b>Higginville, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Edward Heidbrink</b>		14. MOTHER'S MAIDEN NAME <b>Minnie Kranz</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>495-42-5232</b>	17. INFORMANT Address <b>Mrs. C.R. Heidbrink, Mayview, 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>Acute Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>			
DUE TO (c) <b>4201</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Diabetes mellitus</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</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.)		
20c. TIME OF INJURY Hour <b>7:25</b> a. m. <b>0</b> p. m. <b>0</b>	20d. INJURY OCCURRED WHILE AT WORK <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 _____ to <b>6-25-58</b> and last saw <sup>her</sup> him alive on <b>6-25-58</b> Death occurred at <b>7:25 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Cecil L. Watson, M.D.</b> (Degree or title)		22b. ADDRESS <b>Odessa, Mo.</b>	22c. DATE SIGNED <b>6-25-58</b>
23a. BURIAL, CREMATION, or other disposal (Specify) <b>Burial</b>	23b. DATE <b>June 27, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evangelical Cemetery, Mayview, Mo.</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Husman-Sparks</b>	ADDRESS <b>Odessa, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-25-1958</b>	26. REGISTRAR'S SIGNATURE <b>Emma Davidson</b>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *William T. Sparks*.....

Licensed Embalmer No. *44*

P. O. Address *Oessa*

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.