

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022738

STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 30

5. 300  
1-57  
4

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Cassaway				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN TEBBETS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn Manor Rest Home			Length of stay in lb 3 mo.	d. STREET ADDRESS 0140		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Estella Mary Heidbreder				4. DATE OF DEATH Month Day Year July 2 1958				
5. SEX female /	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 10 1876		9. AGE (In years last birthday) 82		
IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	22						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mt. Aerial, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Davies			13b. MOTHER'S MAIDEN NAME unk			14. NAME OF HUSBAND OR WIFE William Heidbreder		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		17. INFORMANT Virgil L. Heidbreder		Address Tebbets, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Embolism</i> DUE TO (b) <i>Hypertensive heart disease</i> DUE TO (c) <i>congestive failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 443X		
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 Month, Day, Year 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 <i>July 1, 1958</i> to <i>July 2, 58</i> and last saw <sup>her</sup> <del>him</del> alive on <i>July 2, 58</i> Death occurred at <i>1:50 P.</i> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Thomas W. Balder DO</i> (Degree or title)				22b. ADDRESS Linn, Mo.		22c. DATE SIGNED 7/3/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/5/58	23c. NAME OF CEMETERY OR CREMATORY Townley Cemetery		23d. LOCATION (City, town, or county) Chamoss, Mo., RFD		(State)	
24. FUNERAL DIRECTOR Clyde Morbbn			ADDRESS Linn, Mo.		25. DATE RECD. BY LOCAL REG. 7-5-58		26. REGISTRAR'S SIGNATURE <i>Mrs. T. G. Dubroillet</i>	

(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

150

1958

JUL 9

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 *Vernon M. Minton* .....

Licensed Embalmer No. *4125* .....

P. O. Address *Linn 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.