

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026159

STATE FILE NUMBER

FILED AUG 6 1958

Registration District No. 179

Primary Registration District No. 4285

Registrar's No. 46

S. 300

1-57

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

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEWISTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LEWISTOWN 0560
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXXXXX		Length of stay in 1b XXXXXXXX	d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXXXXXX
3. NAME OF DECEASED (Type or print) First MIDDLE Last JAMES ABRAHAM HEITMAN			4. DATE OF DEATH Month Day Year JULY 28, 1958
5. SEX MALE C	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/23/1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY BARBER	9. AGE (In years last birthday) 75
11. BIRTHPLACE (City and state or country) WEST PLAINS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME AUGUST HEITMAN		13b. MOTHER'S MAIDEN NAME AMANDA BESS	14. NAME OF HUSBAND OR WIFE LAURA HEITMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and date of service) NO XXXXXXXXXXXXX		16. SOCIAL SECURITY NO. 486-38-7114	17. INFORMANT Address LAURA HEITMAN Lewistown, 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) Coronary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input type="checkbox"/> DUE TO (c) 4201 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 minutes
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 Aug 1952 to 28 July 58 and last saw him alive on 1 July 58 Death occurred at D.O. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In free or title) John W. Wilds D.O. 2		22b. ADDRESS Lewistown MO	22c. DATE SIGNED 21 July 58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/31/58	23c. NAME OF CEMETERY OR CREMATORY LEWISTOWN
		23d. LOCATION (City, town, or county) LEWISTOWN, MISSOURI	
24. FUNERAL DIRECTOR Charles Arnold, Lewistown, Mo.		25. DATE RECD. BY LOCAL REG. 8-1-58	26. REGISTRAR'S SIGNATURE P.W. Jennings, M.D. E.L.

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 L. Arnold, Jr.*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.