

Health,
& Welfare
Public
Service
970
S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027880
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 19

| | | | | | |
|---|-----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sweet Springs</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Sweet Springs</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Forsythe Restorium</u> | | Length of stay in lb <u>5 months</u> | d. STREET ADDRESS (If outside, give location) <u>5 miles north of Sweet Springs</u> | | Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Fredrick</u> Last <u>Heim</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 7, 1873</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (City and state or country) <u>Burlington, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Jacob Heim</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARIA Dather</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>W.G. Heim, Sweet Springs, MO</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Dilatation & Regeneration</u> DUE TO (c) <u>Carcinoma of Lung</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>6 weeks</u> <u>10 days</u> |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 _____ 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 <u>June '58</u> to <u>July '58</u> and last saw <u>him</u> alive on <u>July 27, 1958</u> at <u>7:10 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Do not write title) <u>Paul Roberts, M.D.</u> | | | 22b. ADDRESS <u>Sweet Springs, Mo</u> | | 22c. DATE SIGNED <u>7-30-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 30, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Missouri</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>E. L. Moseley, Sweet Springs, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>July 30, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Mary Moseley</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Edgar L. Mowley*

Licensed Embalmer No. *4711*

P. O. Address *Swat Spring*

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.