

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029567
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Troy <i>05700</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Mem.		Length of stay in lb 24 Hrs	d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Catherine M. Heinle			4. DATE OF DEATH Month August Day 12 Year 1958		
5. SEX Female	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 Oct. 11, 1893		9. AGE (In years birth day) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Wichita, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Durell Patterson		13b. MOTHER'S MAIDEN NAME Unknown Smith		14. NAME OF HUSBAND OR WIFE Andrew Heinle	
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 Address Mrs Neil Sanders, Williamsburg, 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) Cordae Arter.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Embolus DUE TO (c) Traumatic injuries Auto-accident		
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"/> 2

20a. ACCIDENT <input checked="" 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.) Passenger in a car that collided with another car
20c. TIME OF INJURY Hour 4:30 Month 8 Day 10 Year 58 p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #61	20f. CITY, TOWN, OR LOCATION Troy	COUNTY Lincoln	STATE Mo.
21. I attended the deceased from 8/10/58 to 8/12/58 and last saw her alive on 8/12/58 Death occurred at 8 am on the date/stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D. 0	22b. ADDRESS Troy, Missouri	22c. DATE SIGNED 8/14/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/12/58	23c. NAME OF CEMETERY OR CREMATORY ?	23d. LOCATION (City, town, or county) (State) St Louis, Mo.
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24. FUNERAL DIRECTOR Clark Funeral Home, 1125 Hodaimont	ADDRESS St Louis, Mo.	DATE RECD. BY LOCAL REG. Aug. 12, 1958	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8661 08 198

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, ~~xxx~~ by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Joseph J. Marsh*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.