

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038665
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 49

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1. PLACE OF DEATH a. COUNTY WARREN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARRENTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HEERMANN 0371
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE HOME		Length of stay in lb 24RS	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HENRY Middle Last HEIMES			4. DATE OF DEATH Month Nov. Day 7- Year 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH APRIL 7-1889	9. AGE (In years at birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (City and state or country) BAY MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME NICOLAUS HEIMES	13b. MOTHER'S MAIDEN NAME KATIE NICOLAI	14. NAME OF HUSBAND OR WIFE (Divorced) JULIA KOELLER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (unknown)) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address ELMER HEIMES R#1 HEERMANN MO
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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 thrombosis		INTERVAL BETWEEN ONSET AND DEATH unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
	DUE TO (c) Cerebral Anoxia	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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.)
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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
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21. I attended the deceased from Death occurred at Nov 3 1958 7:30 PM to Nov 7 1958 and last saw him Nov 4 1958 alive on Nov 4 1958 on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Donald D. DeLoach	22b. ADDRESS W. M. DeLoach	22c. DATE SIGNED 11-10-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/10/58	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN CEMETERY	23d. LOCATION (City, town, or county) (State) SWISS MO
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24. FUNERAL DIRECTOR HUGO H. BLUMER	ADDRESS HEERMANN MO	25. DATE RECD. BY LOCAL REG. 11-10-58	26. REGISTRAR'S SIGNATURE FLOYD LOGAN
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All diseases in Part 1 must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

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 *Robert Blum*

Licensed Embalmer No. *5055*

P. O. Address *Hermann, 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.