

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044683  
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Memec</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Dutton Mo 0500</b>
c. FULL NAME OF (If NOT a hospital, give location) HOSPITAL OR INSTITUTION <b>Dutton RR</b>		Length of stay in 11 <b>Entire Life</b>	d. STREET ADDRESS <b>RR # 1</b> (If outside, give location)
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Lena</b> Middle <b>Heitman</b> Last <b>Heitman</b>			4. DATE OF DEATH Month <b>12</b> Day <b>8</b> Year <b>58</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 27, 1869</b>	9. AGE (In years last birthday) <b>89</b>	FUNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Hotel Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Jefferson Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Serman Heitman</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unmarried</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Arthur Heitman</b>	Address <b>Grubville, Mo.</b>
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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) <b>Cerebral Thrombosis.</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>0</b>

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 <b>1:00</b> Month, Day, Year <b>12-8-58</b> a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>Dutton</b>	COUNTY <b>Jefferson</b>	STATE <b>Mo</b>
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21. I attended the deceased from **Coxsack's View**, to \_\_\_\_\_ and last saw <sup>her</sup> alive on \_\_\_\_\_  
Death occurred at **1:00 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>James R. Schmidt, Coroner</b> (Degree or title)	22b. ADDRESS <b>Festus, Mo.</b>	22c. DATE SIGNED <b>12-8-58</b>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <b>Dec 17/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Martins Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Dutton Mo</b>
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24. FUNERAL DIRECTOR <b>Cary Lemoix Fun. Home</b>	ADDRESS <b>St Clair Mo</b>	25. DATE RECD. BY LOCAL REG. <b>12-17-58</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

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 *R. M. Leroy* .....

Licensed Embalmer No. *3601* .....  
P. O. Address *St. Clair, 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.