

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005300

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 5-K

300
1-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Cole Camp	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If outside, give location) Route #1	
3. NAME OF DECEASED (Type or print) First Harry Middle John Last Heisterberg		4. DATE OF DEATH Month Feb Day 24th Year 1959	
5. SEX Male	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 Jan 2nd 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Cole Camp Mo
13a. FATHER'S NAME Ben Heisterberg		13b. MOTHER'S MAIDEN NAME Luesia Grannaman	14. NAME OF HUSBAND OR WIFE Anna Heisterberg
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. 490-42-9082	17. INFORMANT Address Mrs Anna Heisterberg R #1 Cole Camp 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) Pulmonary Edema Cardiac Failure Glomerulo-nephritis, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus - Atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH Hours weeks years
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 Month, Day, Year a.m. p.m.			
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 COUNTY STATE	
21. I attended the deceased from 1-18-59 to 2-24-59 and last saw him alive on 2-24-59 Death occurred at 6:32 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arturo Gonzalez		22b. ADDRESS 717 E Jefferson Clinton	22c. DATE SIGNED 3-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 27, 1959	23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cemetery	23d. LOCATION (City, town, or country) (State) Cole Camp Mo
24. FUNERAL DIRECTOR ADDRESS E L Eickhoff Cole Camp Mo		25. DATE RECD. BY LOCAL REG. 3-5-59	26. REGISTRAR'S SIGNATURE Mildred Bigum

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 *E. L. Eickhoff*

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.