

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008478  
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 301 E. Highland Av.		Length of stay in lb 6 months	d. STREET ADDRESS (If outside, give location) 301 East Highland Av.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Carl Middle Edmond Last Heide			4. DATE OF DEATH Month March Day 26, 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 July 6, 1916		9. AGE (In years last birthday) 42
10a. OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery		11. BIRTHPLACE (City and state or country) Andover, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Arthur James Heide		13b. MOTHER'S MAIDEN NAME Johanna Bergman	
14. NAME OF HUSBAND OR WIFE Helen M. Heide		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. 320-26-9686	
17. INFORMANT Mrs. Helen M. Heide, St. Joseph, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation Exhaust fumes of auto Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Exhaust fumes of auto DUE TO (c) 9731 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH at once at once	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Garage door closed car running	
20c. TIME OF INJURY 8 PM		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.) Residence garage	
20f. CITY, TOWN, OR LOCATION St. Joseph		20g. COUNTY Buchanan Mo		20h. STATE MO	
21. I attended the deceased from death occurred at about 2:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE S. E. Meluney M.D. Coronar		22b. ADDRESS 214 W. Kirkpatrick St. Joseph Mo	
22c. DATE SIGNED 3-26-59		23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Mar. 30, 1959	
23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		23d. LOCATION (City, town, or county) Kansas City, Missouri		24. FUNERAL DIRECTOR Meierhoffer Fleeman St. Joseph, Mo.	
25. DATE RECD. BY LOCAL REG. Mar. 27, 1959		26. REGISTRAR'S SIGNATURE Wm. Clark Gaddell			

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Dr. S. E. Meluney  
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 *Albert C. Harrington*  
Licensed Embalmer No. 3258  
P. O. Address.....~~3258~~ St. Joseph,

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.