

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016413

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 324 Primary Registration District No. 60821 Registrar's No. 70

300
1-57

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arrow Rock Twp.		c. CITY OR TOWN Blackwater <u>0270</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION 5 miles west of Arrow Rock		d. STREET ADDRESS (If outside, give location) R.F.D. No. I	

3. NAME OF DECEASED (Type or print) First John Middle Henry Last Heuman			4. DATE OF DEATH Month April Day 19th Year 1959		
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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 Nov. 18th 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 7 Days 14 Hours 15 Min.	IF UNDER 24 HRS. Hours 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Concord Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Conrod Heuman	13b. MOTHER'S MAIDEN NAME Willamena Schulte	14. NAME OF HUSBAND OR WIFE Katharina S. Heuman
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Katharina S. Heuman, Blackwater, Mo.	Address R.F.D. No. I
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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) _____ DUE TO (b) Coronary Occlusion DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Inst.
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"/>

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.) 4201
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 Arrow Rock	COUNTY Missouri	STATE
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21. I attended the deceased from **Oct. 1958** to **April 14, 1959** and last saw her alive on **April 14, 1959**
Death occurred at **4-25 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. L. Lewis M.D.	22b. ADDRESS Marshall Mo	22c. DATE SIGNED 4-20-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-22-1959	23c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery	23d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri
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24. FUNERAL DIRECTOR Campbell-Lewis, Marshall, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-20-59	26. REGISTRAR'S SIGNATURE Carl G. Read
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

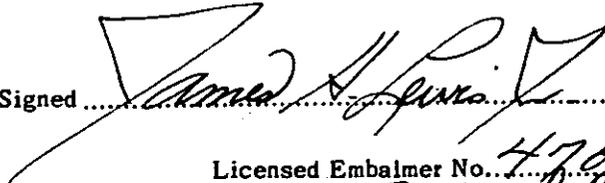
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4709

P. O. Address Marshall

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.