. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020068
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY: Saline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Sweet Springs — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Sweet Springs — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 309 West Main — Length of stay in 1b: Entire Life	d. STREET ADDRESS (If outside, give location): 309 West Main St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: MELVIN	Middle: E	Last: HEERMANN
4. DATE OF DEATH	Month: May	Day: 18	Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: April 18, 1913
9. AGE (In years last birthday): 46	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Creamery Ass't M'gr.	10b. KIND OF BUSINESS OR INDUSTRY: Creamery	11. BIRTHPLACE (City and state or country): Sweet Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME: Otto Heermann	13b. MOTHER'S MAIDEN NAME: Mattie Vogt	14. NAME OF HUSBAND OR WIFE: none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 486-03-6332	17. INFORMANT: Helen Marie Oetting, Address: Sweet Springs, Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	2 1/2 hrs.
DUE TO (b)	Coronary artery occlusion	2 1/2 hrs.
DUE TO (c)	Coronary artery sclerosis 4201	9 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus 10 years.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 7:15 P.M., to 1:40 p.m. and last saw her/him alive on 5-18-59
Death occurred at 1:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles A. Worley M.D.	22b. ADDRESS: Sweet Springs, Mo	22c. DATE SIGNED: 5-18-59.
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: May 20, 1959	23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county) (State): Sweet Springs, Missouri		
24. FUNERAL DIRECTOR — ADDRESS: L. F. Parker, Sweet Springs, Mo.	25. DATE RECD. BY LOCAL REG.: May 20, 1959	26. REGISTRAR'S SIGNATURE: Mary Mosley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MAY 1 1960

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 L F Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.