

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020419
State File No.

FILED JUN 29 1959

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Boone</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Cole</p>	
b. CITY (If outside corporate limits, write RURAL and give town) <p style="text-align: center;">Rural Columbia</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">Instant</p>		c. CITY OR TOWN <p style="text-align: center;">Jefferson City, Mo.</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">North City Limits</p>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		e. STREET ADDRESS (If rural, give location)		12. CITIZEN OF WHAT COUNTRY?	
a. (First) <p style="text-align: center;">Carole</p>		b. (Middle) <p style="text-align: center;">Lynne</p>		c. (Last) <p style="text-align: center;">Heidt</p>	
4. DATE OF DEATH (Month) (Day) (Year)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			
6 (Month)		22 (Day)		59 (Year)	
5. SEX <p style="text-align: center;">Female</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Single</p>	
8. DATE OF BIRTH <p style="text-align: center;">Feb. 25, 1943</p>		9. AGE (In years last birthday) <p style="text-align: center;">16</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Jefferson City, Mo.</p>	
10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Youth</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>			

13a. FATHER'S NAME <p style="text-align: center;">Earl V. Heidt</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Lemoyne Keys</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Single</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">-----</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Earl V. Heidt</p>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Asphyxia</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">Sudden</p>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Severe Compression of chest</p>		" "	
		DUE TO (c) <p style="text-align: center;">Crushed beneath motor vehicle</p>		" "	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p style="text-align: center;">Contusions of lungs Multiple rib fractures</p>		" "	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">nil</p>		20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <p style="text-align: center;">Highway 63</p>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p style="text-align: center;">Columbia Boone Missouri</p>	
21d. TIME OF INJURY <p style="text-align: center;">June 23, 1959 7:30 a.m.</p>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <p style="text-align: center;">Deceased thrown from motor vehicle. Now was compressed beneath it</p>	
22. I hereby certify that I attended the deceased from <u>conscious</u> <u>Case</u> that I last saw the deceased alive on <u>June 23, 1959</u> , and that death occurred at <u>7:30 a.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <p style="text-align: center;">Vincent P. Perma, M.D. Coroner</p>		23b. ADDRESS <p style="text-align: center;">Univ of Mo. Med. Center</p>		23c. DATE SIGNED <p style="text-align: center;">23 June 59</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">6/25/59</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Jefferson City, Mo.</p>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Mrs. R.E. Palmer</p>		ADDRESS <p style="text-align: center;">Lyman Sprinkle Columbia, Mo.</p>	

DATE REC'D BY LOCAL REG. June 23, 59

REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

FUNERAL DIRECTOR'S SIGNATURE Lyman Sprinkle

ADDRESS Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

31
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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 *George D. Trammell*.....

Licensed Embalmer No. *4425*.....

P. O. Address *Columbus, Ga.*.....

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.