

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027678

STATE FILE NUMBER

FILED VS AUG 3 1960 224

3046

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Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Monterey</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>California</i>		Length of stay in 1b <i>5 wks.</i>	c. CITY OR TOWN <i>California</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Luther Samathain</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>S. High St.</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>MARGARET ELLEN HEIDEL</i>			4. DATE OF DEATH Month Day Year <i>July 24 1960</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-22-1873</i>	9. AGE (at birth) <i>87</i>	IF UNDER 1 YEAR Months Days Hours Min. <i>3 2</i>	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>California Mo.</i>		11. BIRTHPLACE (City and state or country) <i>U.S.A</i>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <i>Leander Lehr</i>		13b. MOTHER'S MAIDEN NAME <i>Louisa Pennington</i>		14. NAME OF HUSBAND OR WIFE <i>Albert W. Heidel</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Louise Heidel California Mo.</i>		

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) <i>Chronic myocarditis</i>		<i>2 years.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Generalized Arterio-sclerosis</i>	<i>10 years</i>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY STATE
21. I attended the deceased from <i>Aug 3, 1958</i> to <i>July 24, 1960</i> and last saw her <i>alive</i> on <i>July 24, 1960</i> . Death occurred at <i>7:30 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Kenyon Latham M.D.</i>		22b. ADDRESS <i>California, Mo</i>	22c. DATE SIGNED <i>7-25-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>7-26-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New City</i>	23d. LOCATION (City, town, or county) (State) <i>California Mo</i>
24. FUNERAL DIRECTOR <i>A. E. Wilson California Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>7/27/60</i>	26. REGISTRAR'S SIGNATURE <i>Helen L. Popejoy</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 2351
P. O. Address California

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.