RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 28 1960

-60-042798
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 444

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Palmyra — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 607 West Main Cross — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mary — Middle Alice — Last Heilman
4. DATE OF DEATH: Month Nov. — Day 1 — Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/9/1872
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months, Days, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Palmyra, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jacob M. Tate
13b. MOTHER'S MAIDEN NAME: Sara G. White
14. NAME OF HUSBAND OR WIFE: J.W. Heilman
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.: none
17. INFORMANT: Mrs. Maude Weyand, Palmyra, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio sclerotic heart disease & failure — 7 da
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 1959, to Nov 1, 1960 and last saw her alive on Nov 1, 1960
Death occurred at 3:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD — 22b. ADDRESS Palmyra, Mo — 22c. DATE SIGNED 11/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 3 November 1960 — 23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cem. — 23d. LOCATION (City, town, or county) (State): Palnmyra, Missouri
24. FUNERAL DIRECTOR: Lewis Brothers', Palmyra, Missouri — ADDRESS
25. DATE RECD. BY LOCAL REG.: 11/9/60
26. REGISTRAR'S SIGNATURE: Dr. E.M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT

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 George M. Lem

Licensed Embalmer No. 4851

P. O. Address Palmyra, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.