

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045379

FILED VS DEC 20 1960

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 114

INDEXED

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| 1. PLACE OF DEATH a. COUNTY Carroll | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Carrollton | | Length of stay in 1b 12 hrs. | c. CITY OR TOWN Combs Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bales Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4 M.E. of Carrollton Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First "INFANT" Middle HEITMEYER Last HEITMEYER | | | 4. DATE OF DEATH Month Dec. Day 11 Year 1960 | |
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|-----------------------|----------------------------------|---|---------------------------------------|-------------------------------------|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/11/1960 | 9. AGE (last birthday) 12 | IF UNDER 1 YEAR Months 12 Days 12 Hours 12 Min. | IF UNDER 24 HR Hours 12 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY Carrollton, Mo. | 11. BIRTHPLACE (City and state or country) U.S.A. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME James C. Heitmeyer | 13b. MOTHER'S MAIDEN NAME Helen C. Matteson | 14. NAME OF HUSBAND OR WIFE |
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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. None | 17. INFORMANT James C. Heitmeyer, Carrollton, Mo. | Address |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | prematurity | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | respiratory insufficiency | |
| DUE TO (b) | | |
| DUE TO (c) | | |

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| 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour 11 a.m. Dec 60 Month, Day, Year p.m. | 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 Carrollton Mo. | COUNTY Carrollton | STATE Mo. |
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| 21. I attended the deceased from 11 Dec 60 to 11 Dec 60 and last saw her alive on 11 Dec 60 . Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE E. W. Allen M.D. (Degree or title) | 22b. ADDRESS Carrollton Mo | 22c. DATE SIGNED 12 Dec 60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/12/1960 | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem. | 23d. LOCATION (City, town, or county) (State) Carrollton Mo. |
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| 24. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton, Mo. ADDRESS | 25. DATE RECD. BY LOCAL REG. 12/12/60 | 26. REGISTRAR'S SIGNATURE Mr. Herbert Calvert |
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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 Gibson Turner
Ben Hill

Licensed Embalmer No. 2960

P. O. Address Carroll

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.