

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009570

AMENDED

Registration District No. 272 Primary Registration District No. 4269 Registrar's No. 20

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Corder</b>		c. CITY OR TOWN <b>Corder</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>305 S. Elizabeth</b>		d. STREET ADDRESS (If outside, give location) <b>305 S. Elizabeth</b>	
3. NAME OF DECEASED (Type or print) First <b>ERIC</b> Middle <b>R.</b> Last <b>HEIMSOOTH, SR.</b>		4. DATE OF DEATH Month <b>March</b> Day <b>12</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-21-1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Cole Camp, Missouri</b>
13a. FATHER'S NAME <b>Herman D. Heimsoth</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Harms</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Klussman Heimsoth</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>4</b>	17. INFORMANT Address <b>Corder, Mo.</b> <b>Mrs. Eric R. Heimsoth, Sr.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b> DUE TO (b) <b>CORONARY THROMBOSIS, old and New</b> DUE TO (c) <b>ARTERIO SCLEROSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>Aug 8, 1959</b> to <b>Feb 23, 1961</b> and last saw him alive on <b>Mar. 10, 1961</b> Death occurred at <b>4:45 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edwin Wilson, D.O.</b>		22b. ADDRESS <b>1815 Main Higginsville Mo.</b>	22c. DATE SIGNED <b>3/13/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/15/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Zion Lutheran Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Corder Missouri</b>
24. FUNERAL DIRECTOR <b>G. J. Hader</b> ADDRESS <b>Higginsville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 15-1961</b>	26. REGISTRAR'S SIGNATURE <b>Lucie Gordon Jordan</b>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAR 23 1961

MAR 29 1961

MAR 24 1961

**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 Forrest R. Hoefler

Licensed Embalmer No. 4801

P. O. Address Higginsville, 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.