

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-009957**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 375

**FILED APR 9 1962**

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

M.B. Pettit, M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph, Missouri</b>   |   | c. CITY OR TOWN <b>Savannah</b>  |  |
| Length of stay in 1b <b>3 Months</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #2</b>  |   | d. STREET ADDRESS (If outside, give location) <b>Shady Lawn Nursing Home</b>   |  |
| 3. NAME OF DECEASED (Type or print) First <b>Eva</b> Middle <b>M.</b> Last <b>Heinz</b>   |   | 4. DATE OF DEATH Month <b>April</b> Day <b>2</b> Year <b>1962</b>  |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>8-30-1885</b>  |
| 9. AGE (last birthday) <b>76</b>  |   | IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>   |  |
| 11. BIRTHPLACE (City and state or country) <b>Cosby, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>Frederick Adelhart</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Fredericka Vulkee</b>   |  |
| 14. NAME OF HUSBAND OR WIFE <b>Jacob Frederick Heinz</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>                                       |  |
| 16. SOCIAL SECURITY NO. <b>None</b>   |   | 17. INFORMANT Address <b>Edward F. Heinz-(son) Cosby, Missouri</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b><br>DUE TO (b) <b>Congestive Heart Failure</b><br>DUE TO (c) <b>Arteriosclerotic Heart Disease</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>5 Yrs.</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Brain Syndrome Associated with semile Brain Disease. Stab port C. Hip Fracture</b>   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.)   |  |
| 20c. TIME OF INJURY Hour 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>April 2, 1962</b> to <b>April 2, 1962</b> and last saw her/his alive on <b>April 2, 1962</b><br>Death occurred at <b>10:50 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE (Degree or title) <b>Mansour B. Pettit M.D.</b>  |   | 22b. ADDRESS <b>St. Joseph, Missouri</b>   | 22c. DATE SIGNED <b>4/2/62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>April 4, 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Cosby E. U. B. Cemetery</b>  | 23d. LOCATION (City, town, or county) (State) <b>Cosby, Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS <b>Meierhoffer-Fleeman Inc. St. Joseph, Missouri</b>   |   | 25. DATE RECD. BY LOCAL REG. <b>April 4 1962</b>   | 26. REGISTRAR'S SIGNATURE <b>Mr. Clark Handell</b>   |

**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 Raymond H. Hoop

Licensed Embalmer No. 5147  
P. O. Address St. Joseph, 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.