

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015007
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 382 Primary Registration District No. 5545 Registrar's No. 9

FILED MAY 9 1962

VS 300 Rev. 4/59

10450

20450

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chilton Township</u>		c. CITY OR TOWN <u>Glasgow</u>	
Length of stay in lb. <u>54 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi n.e. Glasgow on V</u>		d. STREET ADDRESS (If outside, give location) <u>On V 5 mi n.e. Glasgow</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Ignatius</u> Last <u>Himmelberg</u>			4. DATE OF DEATH Month <u>Apr.</u> Day <u>26</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH (last by thday) <u>Jan. 28, 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (City and state or country) <u>Warren Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Henry Himmelberg</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Rehone</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Beucki Himmelberg</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, or unknown) (If yes, give war or date of service) <u>No</u>		17. INFORMANT Address <u>2 Mr. Robt. L. Himmelberg Glasgow, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Absciss myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
DUE TO (b) <u>Atherosclerotic Heart Disease</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic edema</u>			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 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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>4-11-62</u> to <u>4-26-62</u> and last saw him alive on <u>4-25-62</u>			
Death occurred at <u>4:50 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. P. Tardner M.D.</u>		22b. ADDRESS <u>Glasgow, Mo.</u>	22c. DATE SIGNED <u>4-28-62</u>
23a. BURIAL, CREMATION (Specify) <u>Burial</u>		23b. DATE <u>Apr. 30, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>
23d. LOCATION (City, town, or county) <u>Glasgow Mo.</u>		(State) _____	
24. FUNERAL DIRECTOR <u>Fremont Funeral Service Glasgow Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-28-62</u>	26. REGISTRAR'S SIGNATURE <u>Walker Audsley</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 *Ed J. Freimuth*

Licensed Embalmer No. 3978

P. O. Address Wasson, 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.