

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037919

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 450 STATE FILE NUMBER

VS 300  
Rev. 4/59

10168  
3160

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123-0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED 00122 1962**

1. PLACE OF DEATH  
a. COUNTY Cape Girardeau  
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau Length of stay in 1b 2 days  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)  
a. STATE Mo. COUNTY Cape Girardeau  
c. CITY OR TOWN Jackson Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last EARL Louis Heider  
4. DATE OF DEATH Month Day Year Oct. 10 1962

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married   
Widowed  Divorced   
8. DATE OF BIRTH 4/8/1909 9. AGE (last birthday) 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic 10b. KIND OF BUSINESS OR INDUSTRY Automotive 11. BIRTHPLACE (City and state or country) Grand Tower Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A.

10a. FATHER'S NAME Louis Heider 13b. MOTHER'S MAIDEN NAME Clingingsmith 14. NAME OF HUSBAND OR WIFE Marie Heider

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. [redacted] 17. INFORMANT Audrey Allen Jackson, Mo R#1 Address

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Pneumothorax INTERVAL BETWEEN ONSET AND DEATH 48 hours  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b) Pulmonary emphysema  
DUE TO (c) Asthma

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 Sept 12, 1960 to Oct 9, 1962 and last saw her alive on Oct. 9, 1962  
Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.E. Hecker, M.D. 22b. ADDRESS Jackson Mo 22c. DATE SIGNED 10/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/12/1962 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo

24. FUNERAL DIRECTOR McCombs ADDRESS JACKSON, Mo 25. DATE RECD. BY LOCAL REG. 10-12-62 26. REGISTRAR'S SIGNATURE Jimm Kasten

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 C. J. Lorberg  
Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.