

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027089

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. 5030 Registrar's No. 59

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 17 1963

1. PLACE OF DEATH
 a. COUNTY Atchison
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tarkio Twp. Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Atchison
 c. CITY OR TOWN Rock Port. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Charles Mack Heimayer
 4. DATE OF DEATH Month Day Year
7 2 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 9-18-1897 9. AGE (last birthday) 65 IF UNDER 1 YEAR Months Days Hours Min. 9 14 IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Bulldozer Operator, Ava. Mo. 11. BIRTHPLACE (City and state or country) USA 12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME August Heimayer 13b. MOTHER'S MAIDEN NAME Matilda Burchel 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI 16. SOCIAL SECURITY NO. WWI 17. INFORMANT Edna Capps Address Rock Port, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 5 minutes
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis 5 years.
 DUE TO (c)

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 July 1957 to July 2-63 and last saw her alive on 7-2-63
 Death occurred at 7:30 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wallace Carpenter MD 22b. ADDRESS Rock Port Mo 22c. DATE SIGNED 7-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-5-1963 23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem. 23d. LOCATION (City, town, or county) (State) Hamburg, Iowa

24. FUNERAL DIRECTOR ADDRESS Bartholomew Mortuary. Rock Port. 25. DATE RECD. BY LOCAL REG. 7/9/1963 REGISTRAR'S SIGNATURE Wallace Carpenter MD

USE BLACK INK OR TYPEWRITER RIBBON

JUL 18 1963

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

Grady Barchalounis

Licensed Embalmer No. 3193

P. O. Address Rock Post, 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.