

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0022578

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 6482 Primary Registration District No. 3017 Registrar's No. 80 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10275

20210

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chautau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonville</u>		Length of stay in 1b <u>2 weeks</u>	c. CITY OR TOWN <u>Glasgow</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Joseph's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 mi north of Glasgow on Hwy #5</u>
3. NAME OF DECEASED (Type or print) <u>George William Himmelberg</u>		First Middle Last	4. DATE OF DEATH <u>June 23, 1964</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 <u>Dec. 16, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming Warren Co. Mo.</u>	
13a. FATHER'S NAME <u>Henry Himmelberg</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Tebbe Himmelberg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>not available</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>Cerebral vascular accident</u>		17. INFORMANT <u>Mrs. Geo. W. Himmelberg</u> Address <u>Glasgow Mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of left femur</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 type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Glasgow Missouri</u>	
21. I attended the deceased from <u>July 11, 1963</u> to <u>June 23, 1964</u> and last saw him alive on <u>June 23, 1964</u>		Death occurred at <u>11:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>William L. Manahan M.D.</u>		22b. ADDRESS <u>Glasgow Missouri 62964</u>	
22c. DATE SIGNED <u>June 26, 1964</u>		22d. LOCATION (City, town, or county) (State) <u>Glasgow, Mo.</u>	
23. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>		23a. DATE <u>June 26, 1964</u>	
23b. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		23c. LOCATION (City, town, or county) (State) <u>Glasgow, Mo.</u>	
24. FUNERAL DIRECTOR <u>Tremont Funeral Service</u>		25. DATE RECD. BY LOCAL REG. <u>7/3/64</u>	
26. REGISTRAR'S SIGNATURE <u>St Hooper</u>			

USE BLACK INK OR TYPEWRITER RIBBON

JUL 8 1964

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 *E. J. Remont*

Licensed Embalmer No. 3978

P. O. Address *Shagou, 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.