

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008369

STATE FILE NUMBER

FILED APR 3 1959 Registration District No. 27 Primary Registration District No. 4035 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rockville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Rockville</u> ⁰⁰⁷⁰		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none</u>			Length of stay in lb <u>15 yr</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Judy KATHERINE HEIMAN</u>				4. DATE OF DEATH Month <u>3</u> Day <u>25</u> Year <u>59</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>7-21-96</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Month <u>8</u> Days <u>4</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Montrose, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Henry Hake Lu</u>				14. MOTHER'S MAIDEN NAME <u>Mary Fick</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>C. H. HEIMAN Rockville, 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>Abdominal carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of Colon</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>1538</u>								INTERVAL BETWEEN ONSET AND DEATH		
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.										
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 <u>Apr. 1957</u> to <u>25 Mar 59</u> and last saw her alive on <u>24 Mar 59</u> . Death occurred at <u>100 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>W. E. [Signature]</u> (Degree or title)				22b. ADDRESS <u>Applaton City</u>			22c. DATE SIGNED <u>27 Mar 59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS</u>		23d. LOCATION (City, town, or county) (State) <u>Montrose Mo.</u>					
24. FUNERAL DIRECTOR <u>Wesley Eckhoff</u>				ADDRESS <u>Applaton City, Mo.</u>		25. DATE REC'D. BY LOCAL REG. <u>29-1959</u>		26. REGISTRAR'S SIGNATURE <u>Kindall [Signature]</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

Birth, Marriage, Divorce, etc. records must be filed with this certificate.

00-56

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 *Robert E. Hoff*.....

Licensed Embalmer No...32

P. O. Address *Apple*.....

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.