MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043289
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 86

FILED NOV 16 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0542
2 0542
3 2
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9 4500
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lexington — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lexington Mem. H ospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Lexington — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1719 Poplar — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOSEPH Middle E. Last HEIMER
4. DATE OF DEATH: Month November Day 1 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: September 26 1894
9. AGE (last birthday): 68 — 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): Retired Bulk Agent
10b. KIND OF BUSINESS OR INDUSTRY: Petroleum Sales
11. BIRTHPLACE (City and state or country): Lexington, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Louis Heimer
13b. MOTHER'S MAIDEN NAME: Theresa Brown
14. NAME OF HUSBAND OR WIFE: Ruth D Nord Heimer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Ruth Heimer Address: Lexington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line fo[illegible]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	GANGRENE OF SMALL BOWEL AND RT. COLON	5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	SUPERIOR MESENTERIC OCCLUSION	5 DAYS
DUE TO (c)	ARTERIOSCLEROSIS	

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 10-30-62, to 11-1-62 and last saw her/him alive on 11-1-62
Death occurred at 3:00 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J S Cope (Degree or title) M.D.
22b. ADDRESS: Lexington, Missouri
22c. DATE SIGNED: 11-3-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-3-62
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county): Lexington (State) Missouri
24. FUNERAL DIRECTOR ADDRESS: Vaughn-Walker Lexington, Mo.
25. DATE RECD. BY LOCAL REG.: 11-3-62
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1962

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_____ Signed Paul H. Wilson

Signature of Student Embalmer

Licensed Embalmer No. 5192

P. O. Address Lexington, 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.