

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047735

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 40

FILED JAN 2 1963

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| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF | DOCUMENT |
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| ITEM NO. | SHOULD READ | BY AFFIDAVIT OF | |
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|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>California</u> | | c. CITY OR TOWN <u>California</u> | |
| Length of stay in 1b <u>3 days</u> | | 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>Latham Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>102 S. High</u> | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First <u>ANNA</u> Middle <u>MARIE</u> Last <u>HEIDBREDER</u> | | Month <u>Dec.</u> Day <u>24</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-22-1879</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>83</u> |
| | | | IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u> |
| | | | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 11a. FATHER'S NAME <u>Pollock Dietrich Heidbreder</u> | | 11b. BIRTHPLACE (City and state or country) <u>California Mo.</u> | |
| 11c. MOTHER'S MAIDEN NAME <u>Sophia Westing</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 14. NAME OF HUSBAND OR WIFE <u>California Mo.</u> | |
| 16. SOCIAL SECURITY NO. <u>495-01-8681</u> | | 17. INFORMANT <u>W. S. Heidbreder</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>Chronic myocarditis</u> DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u> <u>5 year</u> | |
| 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. <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 <u></u> a.m. <u></u> p.m. <u></u> | 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 <u></u> STATE <u></u> |
| 21. I attended the deceased from <u>Feb 2, 1953</u> to <u>Dec 24, 1962</u> and last saw her alive on <u>Dec 24, 1962</u> Death occurred at <u>2:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Bernice Latham M.D.</u> (Degree or title) | | 22b. ADDRESS <u>California, Mo.</u> | |
| 22c. DATE SIGNED <u>12-26-62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 23b. DATE <u>12-27-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u> | 23d. LOCATION (City, town, or county) <u>California Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Wilson Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-28-62</u> | 26. REGISTRAR'S SIGNATURE <u>Helene J. Papajay</u> |

(Licensed Embalmer's Statement on Reverse Side)

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 G. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Me

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.