

1. PLACE OF DEATH a. COUNTY Cape Girardeau b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau c. CITY OR TOWN Cape Girardeau d. STREET ADDRESS (If outside, give location) 320 Themis Street											
3. NAME OF DECEASED (Type or print) First DAVID Middle S. Last HEIDBREDER				4. DATE OF DEATH February 7, 1960 Month Day Year											
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/1/1951		9. AGE (last birthday) 8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Don L. Heidbreder				13b. MOTHER'S MAIDEN NAME Marilyn Golloday				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) No				16. SOCIAL SECURITY NO. No				17. INFORMANT Don L. Heidbreder Cape Gir., 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) Burns- 90% of body DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH 4 hours			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)										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 checked="" 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				COUNTY		STATE					
21. I attended the deceased from 2/7/60 to 2/7/60 and last saw him alive on 2/7/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>C.P. McGinty</i> (Degree or title) C.P. McGinty, M.D.						22b. ADDRESS 1912 Broadway Cape Gir., Mo.				22c. DATE SIGNED 2/9/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 10, 1960		23c. NAME OF CEMETERY OR CREMATORY City Cemetery				23d. LOCATION (City, town, or county) (State) California, Missouri							
24. FUNERAL DIRECTOR Walther's Funeral Home				ADDRESS Cape Gir., Mo.		25. DATE RECD. BY LOCAL REG. 2-10-60		26. REGISTRAR'S SIGNATURE <i>James Kasten</i>							

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.