

FILED JUL 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24058

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 179

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| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN City of St. Louis | |
| c. LENGTH OF STAY (In this place) 8 Mos. 5 | | 2169 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employes' Hospital | | d. STREET ADDRESS (If rural, give location) 3217a Michigan | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) ELSWORTH c. (Last) HIETT | | | 4. DATE OF DEATH (Month) (Day) (Year) July 15, 1954 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 20, 1875 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boilermaker, Ret'd | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME Peter J. Hiett | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Lucy Hiett |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Mrs. E.E. Hiett ADDRESS St Louis, Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia | | |
| | ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exact etiology undetermined DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcer; Diabetes Mellitus and Generalized Arteriosclerosis Years | | | |

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| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION (all of several years' duration) None | 20. AUTOPSY? 260X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE No (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **April 10, 1954**, to **July 15, 1954**, that I last saw the deceased alive on **July 15, 1954**, and that death occurred at **7:31 P.M.**, from the causes and on the date stated above.

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| 23. SIGNATURE W. Anderson (Degree or title) M. D. | 23a. ADDRESS 415 Woodland Avenue | 23b. DATE SIGNED 7/16/54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7-16-54 | 24c. NAME OF CEMETERY OR CREMATORY Mt Hope | 24d. LOCATION (City, town, or county) (State) Lemay, Mo. |
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| DATE REC'D BY LOCAL REG 7-16-54 | REGISTRAR'S SIGNATURE Seaborn Williams | 25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS St Louis, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Delayed, as Ret'd for registration

JUL 30 1954

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
Student Embalmer

Signed Frank O. DeWitt

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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 this body is not embalmed, fact should be so stated above.