

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1957

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>5762</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARION			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN RURAL Round Grove		c. LENGTH OF STAY (in this place) XXXXXX		c. CITY OR TOWN EMERSON		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi North Emerson				e. STREET ADDRESS (If rural, give location) 2 mi. North Emerson 06410			
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First)		b. (Middle)		c. (Last) HETZLER	
4. DATE OF DEATH		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Aug. 19, 1880		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 5 Days 10		IF UNDER 2 HRS. Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING		11. BIRTHPLACE (City and State or Foreign Country) LEWIS COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM HETZLER		13b. MOTHER'S MAIDEN NAME MARY SIMONDS		14. NAME OF HUSBAND OR WIFE STELLA HETZLER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. XXXXXXXXXXXX 492-42-5777		17. INFORMANT'S SIGNATURE OR NAME STELLA HETZLER ADDRESS EMERSON, MO.			
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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brains blown out				immediate	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shotgun wound, contact				immediate	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) Round grove (COUNTY) Marion (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 29 57 10^{am}		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Rested shotgun on floor, head over it, pulled trigger			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about 10 am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Henry H. Swartz, Jr. M.D. Coroner				23b. ADDRESS 1506 Market St Hannibal Mo		23c. DATE SIGNED 2-1-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/31/57		24c. NAME OF CEMETERY OR CREMATORY GILHEAD		24d. LOCATION (City, town, or county) (State) LEWIS COUNTY, MO.	
DATE REC'D BY LOCAL REG. 2-4-57		REGISTRAR'S SIGNATURE Wm. M. Luke		25. FUNERAL DIRECTOR'S SIGNATURE Charles L. Corbett ADDRESS Lewistown, Mo.			

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RECEIVED JAN 29 1957 FEB 1957
MARION CO. HEALTH DEPT.
DATE FILED JAN 29 1957 FEB 1957

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 *Charles L. Arnold*.....

Licensed Embalmer No...4667...

P. O. Address...LEWISTOWN,...

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.