

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009134
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 252

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Missouri Cape Girardeau</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cape Girardeau</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>Cape Osteopathic Hosp</u>		Length of stay in lb <u>10yrs</u>	d. STREET ADDRESS (If outside, give location) <u>1012 N West end Blvd St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Hazel Agnes Hitt</u>			4. DATE OF DEATH Month Day Year <u>April, 2. 1958.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April, 27, 1922</u>		9. AGE (In years last birthday) <u>35</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Walgreen Drug</u>	11. BIRTHPLACE (City and state or country) <u>Mathews Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Marion Rodgers</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Neal</u>		14. NAME OF HUSBAND OR WIFE <u>Charles James Hitt</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>406-12-6926</u>	17. INFORMANT Address <u>Charles J Hitt Cape Girardeau Mo</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>acute circulatory failure</u> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>myocardial failure</u> DUE TO (c) <u>diabetic acidosis (hyperglycemia)?</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>patent ductus arteriosus 260X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>12 hours</u> <u>?</u>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <u>April 1, 1958</u> to <u>April 2, 1958</u> and last saw her alive on <u>April 2, 1958</u> Death occurred at <u>7:30 p.m.</u> of the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Doctor or title) <u>George W. England D.O.</u>			22b. ADDRESS <u>4611 Main Cape Girardeau</u>		22c. DATE SIGNED <u>April 4, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/5/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lorimer Cent</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
24. FUNERAL DIRECTOR <u>Haman's Funeral Home</u> Cape Girardeau Mo			25. DATE RECD. BY LOCAL REG. <u>April 5, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Homer C. Cooper</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *D. L. Hansen*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.