

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043479

State File No. _____

0161
FILED JAN 7 1959

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>2009</u>		Registrar's No. <u>578</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>619 W. Adams</u> <u>0167</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Jackson Mo.</u>				
3. NAME OF DECEASED a. (First) <u>Linus</u>			b. (Middle) <u>Eugene</u>		c. (Last) <u>Hitt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21 1958</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>3</u>		8. DATE OF BIRTH <u>May 8, 1923</u>		9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Navy</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Price Hitt</u>			13b. MOTHER'S MAIDEN NAME <u>Pauliene Bethe</u>			14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>300-16-7986</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Price Hitt</u>		ADDRESS <u>Jackson Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Ruptured Vessel</u> DUE TO (c) <u>Hypertension - 331X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intoxication (alcohol)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
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?				
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 <u>12:40 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. J. S. Schuder (Cowan)</u>				23b. ADDRESS <u>Cape Girardeau Mo.</u>		23c. DATE SIGNED <u>1/21/59</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 23-8</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 30, 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Deneke-Laird Jackson Mo.</u>				

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

JAN 23 1959

APR 15 1959

FEB 24 1959

9 1959

1959

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 R. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

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.