

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015097

STATE FILE NUMBER
4061

FILED MAY 11 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300
-57

X
308

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their reports - no symptoms or signs - no diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY Vigo	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Terre Haute Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT INSTITUTE) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in lb 12 days		d. STREET ADDRESS (If outside, give location) 2121 Cleveland Avenue. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DOROTHY Middle MARIE Last HEFFELMAN			4. DATE OF DEATH APRIL 23, 1959 Month Day Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 14, 1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Terre Haute, Indiana.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Kile		13b. MOTHER'S MAIDEN NAME Eliza Koppler	14. NAME OF HUSBAND OR WIFE Aaron Heffelman
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. 307-05-1712	17. INFORMANT Aaron Heffelman, Terre Haute, Indiana. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma, widely metastatic, primary site unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 199-2 DUE TO (c) none. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 months
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.) none	
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 APRIL 11, 1959 to APRIL 23, 1959 and last saw her/him alive on APRIL 23, 1959 Death occurred at 3:40 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edmund H. Reinhard M. D. (Degree or title)		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 4/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-26-59	23c. NAME OF CEMETERY OR CREMATORY Highland Lawn Cemetery	23d. LOCATION (City, town, or country) (State) Terre Haute, Indiana.
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington ADDRESS		25. DATE RECD. BY LOCAL REG. APR 25 59	REGISTRAR'S SIGNATURE Earl Smith, M.D.

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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 *Emo R Cadwell*

Licensed Embalmer No. *4077*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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