

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017138  
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 200 Block Walnut St		Length of stay in lb 40 years	d. STREET ADDRESS (If outside, give location) Swift's Highway

3. NAME OF DECEASED (Type or print) First MIDDLE Last FRED JOSEPH HETTINGER			4. DATE OF DEATH Month Day Year May 27th 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Febr 22 1891	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hod Carrier (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Cole County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Valentine Hettinger	13b. MOTHER'S MAIDEN NAME Elizabeth Heckman	14. NAME OF HUSBAND OR WIFE Divorced
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address JC Police Dept, Jefferson City, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Natural Causes - Actual Cause Unknown - Death.</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <i>Man found dead unattended in 200 Block Walnut St.</i>
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20c. TIME OF INJURY Hour Month, Day, Year <i>Unknown</i> a.m. 5/27/59	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>	20f. CITY, TOWN, OR LOCATION <i>Jefferson City, Mo. - Cole - Mo.</i>	COUNTY STATE
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>Arthur H. Covner, Cole County</i>	(Degree or title) 3	22b. ADDRESS <i>30 Adams St. - Jefferson City, Mo.</i>	22c. DATE SIGNED <i>5/29/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 28th 1959	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) Jefferson City, Mo.
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24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.	25. DATE RECD. BY LOCAL REG. <i>29 May 1959</i>	26. REGISTRAR'S SIGNATURE <i>R. P. Harris, M.D. MR.</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FEB 1 1963

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. *Body not embalmed*

Student .....  
Signature of Student Embalmer

Signed *Donald P. Freeman*  
Donald P. Freeman

Licensed Embalmer No. *4623* .....  
P. O. Address *Jefferson City, 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.