

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017485

FILED JUN 1 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		c. CITY OR TOWN Clinton	
c. FULL NAME OF (If NOT in hospital, give location) Clinton General Hosp.		d. STREET ADDRESS RFD. # 2,	
3. NAME OF DECEASED (Type or print) FRANCIS HEITZMAN		4. DATE OF DEATH May 28, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeping		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Benton Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Andrew Zumalt		13b. MOTHER'S MAIDEN NAME Sarrah Blanchard	
14. NAME OF HUSBAND OR WIFE Deceased		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. None		17. INFORMANT RFB: #2, Mrs. N. W. Summers, Clinton, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Peritonitis - Sigmoid Colon DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5721			INTERVAL BETWEEN ONSET AND DEATH 3 days 3 yrs.
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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Clinton, Mo.	
20g. COUNTY Henry		20h. STATE Missouri	
21. I attended the deceased from May 8 - 1959 to May 27 - 59 and last saw her alive on 5-27-59 Death occurred at 12:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. D. Bradshaw, MD		22b. ADDRESS Clinton, Mo.	
22c. DATE SIGNED 5/28/59		22d. DATE OF DEATH May 28, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 29, 1959	
23c. NAME OF CEMETERY OR CREMATORY Shady Grove Cemetery		23d. LOCATION (City, town, or county) (State) Warsaw, Mo. RFD..	
24. FUNERAL DIRECTOR H. A. Kinsault, Clinton, Mo.		25. DATE RECD. BY LOCAL REG. 5-29-59	
26. REGISTRAR'S SIGNATURE Mildred Bigum		26. DATE OF DEATH May 28, 1959	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISCREPANCIES IN PART I MUST BE CAUSALLY RELATED.

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 *H. H. Vansant*

Licensed Embalmer No. *3779*
P. O. Address *Clinton*

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.