

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1959

59-027688

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1938 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Allenton</u>		c. CITY OR TOWN <u>Allenton</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>Meramec River</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Gene</u> Middle <u>V</u> Last <u>Hiee</u>			4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1959</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</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>Nov 9, 1928</u>	9. AGE (last birthday) <u>30</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Corley Printing Co.</u>		11. BIRTHPLACE (City and state or country) <u>Allenton Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Virgil Hiee</u>		13b. MOTHER'S MAIDEN NAME <u>Emmalou Klingler</u>	
14. NAME OF HUSBAND OR WIFE <u>Dorcie Hiee</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes navy 1951-55</u>		16. SOCIAL SECURITY NO. <u>499-24-5319</u>	
17. INFORMANT <u>Virgil Hiee, Allenton 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>Drowning</u>		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)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Accidentally drowned in Meramec River while attempting to rescue companion</u>	
20c. TIME OF INJURY <u>4:00</u> Hour <u>AM</u> Month, Day, Year <u>7/18/59</u>	20d. INJURY OCCURRED WHILE AT WORK <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.) <u>Meramec River</u>		20f. CITY, TOWN, OR LOCATION <u>Allenton</u>	STATE <u>St. Louis Missouri</u>

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond H. Hurd (Degree or title) Coroner 22b. ADDRESS Clayton, Mo. 22c. DATE SIGNED 7/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) July 25 '59 23b. DATE July 25 '59 23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial 23d. LOCATION (City, town, or county) (State) Pacific Mo.

24. FUNERAL DIRECTOR Mrs. John L. Hurd ADDRESS Pacific Mo. 25. DATE RECD. BY LOCAL REG. 7-20-59 26. REGISTRAR'S SIGNATURE John L. Hurd, MD

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1959

AUG 11 1959

OCT 23 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union 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.