

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032946

FILED VS OCT 15 1959

Registration District No. _____ Primary Registration District No. 177 Registrar's No. 4276 STATE FILE NUMBER 129

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before mission) a. STATE MO b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIERCE CITY	Length of stay in 1b 30 YEARS	c. CITY OR TOWN PIERCE CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 610 MYRTLE ST.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 610 MYRTLE ST.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First OTTO Middle FREDRICH Last HELLWEG			4. DATE OF DEATH Month 10 - Day 3 - Year 1959	
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5. SEX M	6. COLOR OR RACE WH	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT-17-1899	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 1 Days 16 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANKER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME CHARLES E HELLWEG	13b. MOTHER'S MAIDEN NAME SOPHIA BUCHNER	14. NAME OF HUSBAND OR WIFE JULIA T. HELLWEG
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 441-05-6289	17. INFORMANT CHARLES HELLWEG M.D. Address
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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) Coronary		INTERVAL BETWEEN ONSET AND DEATH 7mo
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <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 _____
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **11 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Hellweg M.D. (Degree or title)	22b. ADDRESS Mt. Vernon Mo	22c. DATE SIGNED 10-4-1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-6-1959	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	23d. LOCATION (City, town, or county) (State) PIERCE CITY MO
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24. FUNERAL DIRECTOR WILKS BROS. ADDRESS PIERCE CITY MO	25. DATE RECD. BY LOCAL REG. 10-12-59	26. REGISTRAR'S SIGNATURE Mrs. M. Cook
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 16 1960

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

Edwin Wilks

Licensed Embalmer No. *4131*

P. O. Address *Pierce City*

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.