RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032960

STATE FILE NUMBER

FILED VS SEP 2 9 1959

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 83

DED

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Canton — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lewis
c. CITY OR TOWN: Canton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 600 College — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George Middle: Louis Last: Hetzler

4. DATE OF DEATH: Month: Sept. Day: 23, Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-26-1878
9. AGE (last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Butcher Shop
11. BIRTHPLACE (City and state or country): Canton, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Louis Hetzler
13b. MOTHER'S MAIDEN NAME: Barbara Brosi
14. NAME OF HUSBAND OR WIFE: Martha Steffen

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.: 492-24-1650
17. INFORMANT Address: Mrs. Martha Hetzler

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	5 yrs
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 ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 4-56, to Sept 23-59 and last saw ~~her~~ him alive on Sept 22-59.
Death occurred at 3:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francis Y Davis MD
22b. ADDRESS: Canton Mo
22c. DATE SIGNED: Sept 24 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-25-1959
23c. NAME OF CEMETERY OR CREMATORY: Steffensville Ceme.
23d. LOCATION (City, town, or county) (State): Steffensville, Lewis, Mo.

24. FUNERAL DIRECTOR: Earl H. Buckley ADDRESS: Canton, Mo.
25. DATE RECD. BY LOCAL REG.: 9-25-'59
26. REGISTRAR'S SIGNATURE: Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 13 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_____ Signed Earl H Buckley

Signature of Student Embalmer

Licensed Embalmer No. 2615

P. O. Address Canton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.