

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035841

Dr. Fitch

FILED VS OCT 18 1959

STATE FILE NUMBER

Registration District No. 28 Primary Registration District No. 2000 Registrar's No. 1077

UNDECEASED

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 78 YRS.	c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1539 N. IRVING Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOSEPH Middle CHARLES Last HEYTMAN	4. DATE OF DEATH Month OCT. Day 10 Year 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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/23/80	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days	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) RETIRED MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.	11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME CHARLES J. HEYTMAN	13b. MOTHER'S MAIDEN NAME PAULINE MUTZ	14. NAME OF HUSBAND OR WIFE MARY ANNE HEYTMAN (DEC)
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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. unknown	17. INFORMANT Address JOHN J. HEYTMAN, WARRENSBURG, MO.
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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:		INTERVAL BETWEEN ONSET AND DEATH 6 Wks
IMMEDIATE CAUSE (a)	Acute Cerebral Hemorrhage	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Arterio-Sclerosis.	
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
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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 8-31-59 to 10-10-59 and last saw ^{her} him alive on 10-9-59 Death occurred at 2:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Thos Fitch M.D.</i> (Sign or type)	22b. ADDRESS <i>Springfield Mo</i>	22c. DATE SIGNED 10-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/13/59	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 10-15-59	26. REGISTRAR'S SIGNATURE <i>Effie J. Meeter</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 19 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Pat McCann

Licensed Embalmer No. 2727

P. O. Address Springfield

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.