

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039574

FILED VS DEC 10 1959

Registration District No. 114 Primary Registration District No. 5432 4176 Registrar's No. 31

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>FRANKLIN</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>MERAMEC</u>		Length of stay in 1b <u>7 YRS.</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. P. I.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R. P. I.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES HERMAN HECHT</u>				4. DATE OF DEATH Month Day Year <u>DEC. 3 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>APRIL 5, 1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUTO WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AUTOMOTIVE</u>		11. BIRTHPLACE (City and state or country) <u>FRANKLIN Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>HERMAN HECHT</u>			13b. MOTHER'S MAIDEN NAME <u>CECENIA SCHMIDT</u>		14. NAME OF HUSBAND OR WIFE <u>RADA MITCHELL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-03-4834</u>		17. INFORMANT Address <u>RADA HECHT SULLIVAN, MO.</u>			
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) <u>Coronary thrombosis with infection -</u>						<u>11 days</u>	
DUE TO (b) <u></u>							
DUE TO (c) <u></u>							
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	
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.)			
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
21. I attended the deceased from <u>6/52</u> to <u>December 3, 1959</u> and last saw him alive on <u>12/3/59</u> . Death occurred at <u>3:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ronald A. Scott D.D.</u>				22b. ADDRESS <u>Sullivan Mo</u>		22c. DATE SIGNED <u>12/4/59</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 6, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SCHMIDT CEM.</u>		23d. LOCATION (City, town, or county) <u>SULLIVAN R.R. MO.</u>			
24. FUNERAL DIRECTOR <u>H. M. EATON</u>		ADDRESS <u>SULLIVAN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NS DEC 10 1958

1000000000

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 Thomas J. Easton

Licensed Embalmer No. 5666

P. O. Address Sullivan, Pa.

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.