

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005382

FILED VS MAR 7 1960 50

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township		Length of stay in 1b 5 yrs	c. CITY OR TOWN Camdenton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Camdenton R. Route		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lake Road 32
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Mikkel A. Hegerland			4. DATE OF DEATH Month Day Year Feb. 25, 1960		
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 4-14-1866	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	11. BIRTHPLACE (City and state or country) Roldal Norway		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Anders Hegerland		13b. MOTHER'S MAIDEN NAME Martha Monsdotter		14. NAME OF HUSBAND OR WIFE Anna Hegerland	
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. no		17. INFORMANT Ted Hegerland Address Camdenton Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure			7 days
DUE TO (c) Arteriosclerotic Heart Disease			Years
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 **2-19-60** to **2-25-60** and last saw him alive on **2-19-60**
Death occurred at **9:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Stevenson, Jr. M.D. (Degree title)	22b. ADDRESS Camdenton, Mo.	22c. DATE SIGNED 2-27-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-28-60	23c. NAME OF CEMETERY OR CREMATORY Strand Lutheran Cemetery	23d. LOCATION (City, town, or county) (State) Dunbar Iowa
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24. FUNERAL DIRECTOR Reed Funeral Home, Camdenton Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. Feb. 27-1960	26. REGISTRAR'S SIGNATURE Zilpha J. Traw
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camden

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