

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005755

FILED VS FEB 29 1960

Registration District No. 115-116 Primary Registration District No. 4187 Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY FRANKLIN		b. CITY (If outside corporate limits, give TOWNSHIP only) UNION		a. STATE MO.		b. COUNTY FRANKLIN	
Length of stay in 1b		c. CITY OR TOWN UNION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 617 E. MAIN ST.				d. STREET ADDRESS (If outside, give location) 617 E. MAIN ST.			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First SOPHIA		Middle BERTHA		Last HEEGER		Month Day Year FEB. 22, 1960	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JAN. 1, 1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 1 Days 21	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY		11. BIRTHPLACE (City and state or country) JEFFERIESBURG, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRITZ HEEGER			13b. MOTHER'S MAIDEN NAME ELIZABETH FECHTLER			14. NAME OF HUSBAND OR WIFE MRS. CHESTER DANZ	
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. 188-09-6621		17. INFORMANT Address MRS. CHESTER DANZ 617 E. MAIN ST. UNION, 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) Surgery				INTERVAL BETWEEN ONSET AND DEATH Instant			
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) Under treatment resp for mental condition							
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 10:00		Hour Month, Day, Year 2/22/60					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 617 E. Main Union Franklin Mo.		20f. CITY, TOWN, OR LOCATION Union Franklin Mo.		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:01 AM (ESTIMATED) on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. R. H. Wickmann				22b. ADDRESS Union Mo.		22c. DATE SIGNED 2/25/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB. 25, 1960		23c. NAME OF CEMETERY OR CREMATORY ZION E & R CEMETERY		23d. LOCATION (City, town, or county) (State) UNION, MO.	
24. FUNERAL DIRECTOR ADDRESS OLTMANN FUNERAL HOME UNION, MO.				25. DATE RECD. BY LOCAL REG. 2/25/60		26. REGISTRAR'S SIGNATURE R. H. Wickmann	

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 15 1960

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 Ralph Ottman

Licensed Embalmer No. 4808

P. O. Address Union, Mo

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.