

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007336

FILED VS FEB 29 1960

224

Registration District No.

3046

Primary Registration District No.

15

Registrar's No.

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CALIFORNIA		Length of stay in 1b	c. CITY OR TOWN CALIFORNIA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 E. MAIN ST.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 312 E. MAIN ST.
3. NAME OF DECEASED (Type or print) First MARGARITHA Middle HEGG Last HEGG		4. DATE OF DEATH Month FEBRUARY Day 23 Year 1960	
5. SEX FEMALE	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 10-16-1878
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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) SWITZERLAND
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME FRED EICHER	
13b. MOTHER'S MAIDEN NAME MARION FEUTZ		14. NAME OF HUSBAND OR WIFE ERNST HEGG	
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. NONE	17. INFORMANT FRED HEGG, CALIFORNIA, 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) Chronic myocarditis DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 years 10 yrs
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 March 2, 1956 and last saw her alive on Feb 23, 1960 Death occurred at 5:30 p on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Kenneth Latham M.D.		22b. ADDRESS California, Mo.	22c. DATE SIGNED 2-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-25-1960	23c. NAME OF CEMETERY OR CREMATORY SALEM EVANG. REFORM MONITEAU CO., MO.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR HUGH WILLIAMS, CALIFORNIA, MO.	25. DATE RECD. BY LOCAL REG. 2/25/60	26. REGISTRAR'S SIGNATURE Helen Popejoy	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 1960

NS APR 21 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 Russell C. Mason

Licensed Embalmer No. 480

P. O. Address California

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.