

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018810

FILED VS MAY 20 1960

MM

Registration District No. \_\_\_\_\_ Primary Registration District No. 5304 Registrar's No. 183

STATE FILE NUMBER

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Cole</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Osage Twnshp</u>                    |  | c. CITY OR TOWN <u>Jefferson City</u>   |  |
| Length of stay in 1b <u>66yrs</u>   |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>R.R.#4, Jeff City, Mo</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>R.R.#4</u>  |  |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                           |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |

|   |                                  |   |   |   |  |  |
|---|----------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Albert</u> Middle <u>Henry</u> Last <u>Hirschman</u>                  |                                  |   | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>15</u> Year <u>1960</u> |   |  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7/31/93</u>                                  | 9. AGE (last birthday)<br><u>66</u>                                   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Cole County, Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
| 13a. FATHER'S NAME<br><u>George Hirschman</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Margaret Goetz</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>                            |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |                                  | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br><u>Otto Hirschman, Jefferson City, Mo</u>            |  |  |

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>years</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                    |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Cholelithiasis</u>            |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |  |
|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>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<br>COUNTY STATE   |  |

21. I attended the deceased from Feb 9, 60 to May 15, 60 and last saw him alive on May 15, 60  
 Death occurred at 5:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                             |   |  |   |
|--|-----------------------------|---|--|---|
| 22a. SIGNATURE (Degree or title)<br><u>Dean W. Dwyer M.D. Jefferson City, Mo</u> |                             | 22b. ADDRESS  |  | 22c. DATE SIGNED  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                       | 23b. DATE<br><u>5/17/60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Honey Creek Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Honey Creek, MO.</u> |   |
| 24. FUNERAL DIRECTOR<br><u>Thorpe J Gordon, Jefferson City, Mo</u>               |                             | 25. DATE RECD. BY LOCAL REG.<br><u>17 May 1960</u>                |  | 26. REGISTRAR'S SIGNATURE<br><u>R.P. Davis M.D. - Richter Dep</u> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

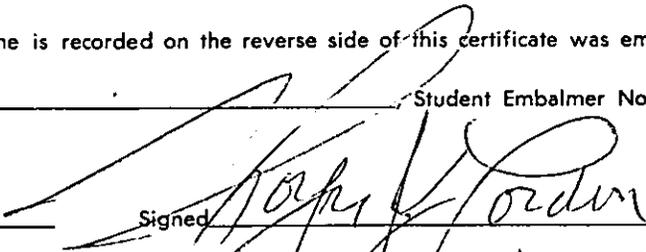
JUN 21 1960

**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



Licensed Embalmer No. 1286

P. O. Address Buff City 61

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.