

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 6 1960

=60-043082

INDEXED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 146 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Length of stay in 1b 31/2 Mo.	c. CITY OR TOWN Louisiana Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) River Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Charles Robert Heusted			4. DATE OF DEATH Month Day Year December 1 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 17 1930	9. AGE (last birthday) 30	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant		10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and state or country) Virginia, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Henry Heusted		13b. MOTHER'S MAIDEN NAME Lorena M. Black		14. NAME OF HUSBAND OR WIFE Beulah Mrs. Heusted		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 325-22-4459HA	17. INFORMANT Address Beulah Mrs. Heusted Louisiana, Mo.			

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 2 mths
IMMEDIATE CAUSE (a)	Generalized Carcinomatosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Carcinoma of sigmoid colon	
DUE TO (b)		6 mths
DUE TO (c)		

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	
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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 6/19/60 to 12/1/60 and last saw him alive on 12/1/60
Death occurred at 9:30 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Chas. H. Swellen</i> (Degree or title)	22b. ADDRESS M.D. Louisiana, Missouri	22c. DATE SIGNED 12/1/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 3 1960	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	23d. LOCATION (City, town, or county) (State) Louisiana Missouri
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24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.	25. DATE RECD. BY LOCAL REG. Dec 5 1960	26. REGISTRAR'S SIGNATURE <i>Bruce Collier</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 16 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 J. B. Sterne

Licensed Embalmer No. 4039
P. O. Address Louisiana

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.