

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 20 1960

53

Registration District No. Primary Registration District No. 3010

Registrar's No. 495

-60-045350

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		Length of stay in lb <i>15 days</i>	c. CITY OR TOWN <i>Rural Commerce Pwp</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>S.E. Mo Hosp</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2 1/2 M. S. W. Commerce</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>GROVER BENJAMIN HITT</i>			4. DATE OF DEATH Month Day Year <i>Dec 11, 1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr 3, 1885</i>	9. AGE (last birthday) <i>75</i>	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) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and state or country) <i>Belling Co. Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>H. M. Hitt</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Zimmerman</i>		14. NAME OF HUSBAND OR WIFE <i>Ester Snider</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Don't know</i>		17. INFORMANT Address <i>Mrs. Ester Hitt Rt. 1 Benton, Mo</i>			

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
IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>			<i>2 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<i>Coronary Thrombosis</i>	<i>2 weeks</i>
	DUE TO (c)	<i>Arteriosclerosis, generalized</i>	<i>5 years</i>
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 *July 1957* to *Dec. 11, 1960* and last saw ^{him} alive on *Dec. 11, 1960*
Death occurred at *6:19 a.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Edward O. Coughlin M.D.</i>		22b. ADDRESS <i>Cape Girardeau, Missouri</i>		22c. DATE SIGNED <i>12-13-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/13/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakdale Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Commerce Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Seena no</i>		25. DATE RECD. BY LOCAL REG. <i>12-15-60</i>	26. REGISTRAR'S SIGNATURE <i>Gene Hester</i>	

BISPLINGHOFF FUNERAL HOME

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 _____

Oliver Clement

Licensed Embalmer No. _____

4470

P. O. Address _____

Illms,

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.