URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 6 1961

-60-047018

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. — Registrar's No. 147

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union TWP
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Uniontown
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Perry
c. CITY OR TOWN Unointown
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Union TWP
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Joseph Middle: Henry Last: Hecht

4. DATE OF DEATH Month: December Day: 10 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-24-78
9. AGE (last birthday): 82
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Hecht
13b. MOTHER'S MAIDEN NAME: Wilhelmina Lorenz
14. NAME OF HUSBAND OR WIFE: Amanda Hecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-42-2358
17. INFORMANT: Hilmer Hect Address: Uniontown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic cerebo-cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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) —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10-29-55, to 12-10-60 and last saw ~~her~~ him alive on 12-9-60
Death occurred at 3:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. F. Fairchild (Degree or title) MD
22b. ADDRESS Perryville, Mo.
22c. DATE SIGNED 12-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-12-60
23c. NAME OF CEMETERY OR CREMATORY: Grace Lutheran Cem.
23d. LOCATION (City, town, or county) (State): Uniontown Missouri

24. FUNERAL DIRECTOR: Young & Sons ADDRESS: Perryville Mo
25. DATE RECD. BY LOCAL REG.: 12-13-60
26. REGISTRAR'S SIGNATURE: Jos J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 2138

P. O. Address Perryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.