

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040085

Registration District No. 032 Primary Registration District No. Registrar's No. 49

STATE FILE NUMBER

AMENDED DATE AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

FILED NOV 21 1961

1. **COUNTY** Bollinger Co.

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. **STATE** Mo. b. **COUNTY** Bollinger

3. **CITY OR TOWN** White Water Twp. **Length of stay in 1b** Life

4. **CITY OR TOWN** Perryville **Inside Limits** Yes No

5. **FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION** Perryville, Rte. 5 **Inside Limits** Yes No

6. **STREET ADDRESS** (If outside, give location) Rte. 5 **Reside on Farm** Yes No

3. **NAME OF DECEASED** (Type or print) First Middle Last 4. **DATE OF DEATH** Month Day Year
 Mary Jane Heitman 11-11-61

5. **SEX** F 6. **COLOR OR RACE** W 7. **Married** **Never Married** **Widowed** **Divorced** 8. **DATE OF BIRTH** 12-13-71 9. **AGE (last birthday)** 89

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) Registered Nurse 10b. **KIND OF BUSINESS OR INDUSTRY** 11. **BIRTHPLACE** (City and state or country) Perry County, Mo. 12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** William Heitman 13b. **MOTHER'S MAIDEN NAME** Clara Conrad 14. **NAME OF HUSBAND OR WIFE**

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** Mrs. Perry Fadler, Perryville, R. 5 **Address**

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
 PART I. **DEATH WAS CAUSED BY:** **Generalized arteriosclerosis** **INTERVAL BETWEEN ONSET AND DEATH** 3-4 yrs.
IMMEDIATE CAUSE (a)
 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)** ① chronic bronchitis ② multiple decubitus ulcers **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 Month, Day, Year
 a.m. p.m.

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** 6-28-55 to 11-11-61 and last saw her alive on 11-2-61 **Death occurred at** 4:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) G. R. Hanchard, MD - 22b. **ADDRESS** Perryville, Mo. 22c. **DATE SIGNED** 11-13-61

23a. **BURIAL, CREMATION, REMOVAL (Specify)** Burial 23b. **DATE** 11-14-61 23c. **NAME OF CEMETERY OR CREMATORY** Yount Cemetery 23d. **LOCATION (City, town, or county)** Yount, Mo. (State)

24. **FUNERAL DIRECTOR** ADDRESS Young & Sons Perryville Mo. 25. **DATE RECD. BY LOCAL REG.** 11-13-61 26. **REGISTRAR'S SIGNATURE** Mrs. Buford Crader.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.