

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1962 319

=62-005047

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 9

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY STE GENEVIEVE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY STR. GENEVIEVE											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE. GENEVIEVE		Length of stay in 1b 8 YRS		c. CITY OR TOWN STR GENEVIEVE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF HOSPITAL OR INSTITUTION GENEVIEVE REST HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RR # 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last BARBARA ANN HITTREEST				4. DATE OF DEATH Month Day Year FEB 1 1962											
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/4/73		9. AGE (last birthday) 88		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) AT HOME				10b. KIND OF BUSINESS OR INDUSTRY PERRY CO. MO.				11. BIRTHPLACE (City and state or country) USA				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME GABRIEL TUCKER				13b. MOTHER'S MAIDEN NAME ANNA ROND				14. NAME OF HUSBAND OR WIFE FERDINAND HITTREEST							
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.				17. INFORMANT Address Major William H. Stevenson Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia bilateral. DUE TO (b) Influenza DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH 2 days 10 days.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease - Senility										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 Oct 1961 to Jan 31/62 and last saw her alive on Jan 31/62 Death occurred at 1:30 P on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree & title) Joseph F. Furtwirth MD						22b. ADDRESS Ste Genevieve Mo Feb 1/62				22c. DATE SIGNED					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/4/62		23c. NAME OF CEMETERY OR CREMATORY ROTH				23d. LOCATION (City, town, or county) (State) STE GENEVIEVE CO MO							
24. FUNERAL DIRECTOR Geo. E. Ascher St. Genevieve Mo				25. DATE RECD. BY LOCAL REG. 3 February 1962				26. REGISTRAR'S SIGNATURE George F. Wood							

FEB 14 1962

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 Adrian J. Hill

Licensed Embalmer No. 4740

P. O. Address St. Dennis

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.