

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009154

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 49

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		c. CITY OR TOWN <u>Bethany</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence Bethany, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>305 S. 25th</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Albert Hetrick</u>		4. DATE OF DEATH Month Day Year <u>4-9-59</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-14-1885</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>barber - retired</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>74</u>
10a. FATHER'S NAME <u>Charles Hetrick</u>		10b. MOTHER'S MAIDEN NAME <u>Nancy Cleveland</u>	10c. NAME OF HUSBAND OR WIFE <u>Olive Hetrick</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12. SOCIAL SECURITY NO. <u>193-14-5599</u>	13. INFORMANT <u>Olive Hetrick</u>
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho-Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>	
DUE TO (b) <u>Carcinoma of Prostate</u>		5 years	
DUE TO (c) _____		_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parkinson's Disease</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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.) <u>--</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>--</u>		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 <u>3/5/55</u> to <u>4/9/59</u> and last saw her alive on <u>4/7/59</u> Death occurred at <u>7:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Blowcountry D.O.</u>		22b. ADDRESS <u>Bethany, Missouri</u>	
22c. DATE SIGNED <u>4/11/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>4/12/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WIrIAM</u>	23d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>
24. FUNERAL DIRECTOR <u>MS Haas</u>		25. DATE RECD. BY LOCAL REG. <u>4-11-59</u>	26. REGISTRAR'S SIGNATURE <u>Gella Mayer</u>

(Checked Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

REC'D
OCT 10 1950

MS
OCT 10 1950

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 *W B Haas*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, Mo.*

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.