

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034163

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

354

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

JEFFERSON CITY

Length of stay in 1b

2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Memorial Comm. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

Moniteau

c. CITY

OR TOWN

California

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

IN CITY

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Theodore

Erwin

Heyssel

4. DATE OF DEATH

Month

Day

Year

Sept

12

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-30-1880

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)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

GEN. MERCHANDISE

11. BIRTHPLACE (City and state or country)

Tamestown Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

F.W.T. HEYSSEL

13b. MOTHER'S MAIDEN NAME

CAROLINE SCHULTZ

14. NAME OF HUSBAND OR WIFE

GERTRUDE HEYSSEL

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.

459-01-8446

17. INFORMANT

MRS. GERTRUDE HEYSSEL, CALIFORNIA, 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)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Anemic-anoxia with shock, 2 days
hemorrhage from duodenal ulcer 2 weeks
Myocardial infarction, healed
arteriosclerosis, generalized

INTERVAL BETWEEN ONSET AND DEATH

2 days

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 ☐ Unknown19. 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

7-25-1956 to 9-12-1962 and last saw him alive on 9-12-1962

Death occurred

4:45 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Rendall B. Clark, MD

22b. ADDRESS

Jefferson City, MO

22c. DATE SIGNED

9-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9-14-1962

23c. NAME OF CEMETERY OR CREMATORY

MASONIC CEMETERY

23d. LOCATION (City, town, or county)

CALIFORNIA, MO.

24. FUNERAL DIRECTOR

Hugh E. Williams, California, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

14 September 1962

26. REGISTRAR'S SIGNATURE

R. Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

ITEM NO.

VS 300
Rev. 4/59

0269

2681

3

4 0

5 1

6

7 0

8 1

9 5410

10

11

12 3-0

13 1-0

APR 18 1963

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 Russell C. Maag

Licensed Embalmer No. 4884

P. O. Address California, 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.