

CERTIFICATE OF DEATH

DEPT. APR 13, 1959

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| 1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Cass | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Minn. b. COUNTY Crow Wing | |
| 3. VILLAGE OR TOWNSHIP Pine River | | c. LENGTH OF STAY in 1 b. 1 day | |
| d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION Good Samaritan Home | | d. STREET ADDRESS Pine River, Minn. | |
| e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | e. IS RESIDENCE INSIDE CORPORATE LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or Print) Mary Adelaide Heath | 4. DATE OF DEATH Month Mar Day 12 Year 1959 |
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| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar 29, 1857 | 9. AGE (In years last birthday) 101 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (State or foreign country) Wyoming, Illinois | 12. CITIZEN OF WHAT COUNTRY? U S |
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| 13a. FATHER'S NAME Alexander Hochstrasser | 13b. MOTHER'S MAIDEN NAME Sally Ann Greenfield | 14. SPOUSE'S NAME Rufus |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT'S OWN SIGNATURE Maria Heath | ADDRESS Pine River |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRO-VASCULAR ACCIDENT, PROB. THROMBOSIS | INTERVAL BETWEEN ONSET AND DEATH 18 HRS |
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| Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c): DUE TO (b) _____ DUE TO (c) _____ |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I (a) ① SENILITY ② AMPUTATION OF RT. LEG FOLLOWING FRY FEMUR | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 19a. DATE OF OPERATION 3-12-59 | 19b. MAJOR FINDINGS OF OPERATION FRACTURE OF SHAFT OF RT. FEMUR; AMPUTATION AT MID THIG |
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| 20a. ACCIDENT, SUICIDE OR HOMICIDE. (SPECIFY): | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street office bldg., etc.) | 20e. CITY, VILLAGE OR TOWNSHIP Pine River | COUNTY Crow Wing | STATE Minn. |
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| 20f. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street office bldg., etc.) | 20h. CITY, VILLAGE OR TOWNSHIP Pine River | COUNTY Crow Wing | STATE Minn. |
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| 21. I certify I attended the deceased from 3-11-59 to 3-12-59 and that I last saw the deceased alive on 3-11-59 and that death occurred at 11:25 A.M. on the date stated above and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Charles R. Gehl | (Degree or title) MD | 22b. ADDRESS Pine River | 22c. DATE SIGNED 3/13/59 |
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| 23a. BURIAL OR CREMATION REMOVAL (County) Removal | 23b. DATE 3/12/59 | 23c. NAME OF CEMETERY OR CREMATORY Norwood | 23d. LOCATION (City, village or county) (State) Pine River Minn. |
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| 24. DATE FILED BY LOCAL REG. Nov 13, 1959 | 25. REGISTRAR'S SIGNATURE Thomas Rineer | 26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR J. A. Bregusky | ADDRESS Pine River |
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110
180
996
332X

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WRITE PLAINLY, WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

Signature of Sub-Registrar

Burial or removal permit issued