

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18654

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>724</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>57 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>514 N. 10th Street</u>				d. STREET ADDRESS (If rural, give location) <u>514 N. 10th Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Rosenbaum</u> c. (Last) <u>Hassenbusch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 4, 1870</u>		
				9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Officer Fur. Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Enterprise Fur. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Cincinnati Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Isaac Rosenbaum</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Hassenbusch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-14-9736</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Hassenbusch</u> ADDRESS <u>514 N. 10th</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL DEGENERATION</u>				DUPLICATE OF (b) <u>ARTERIOSCLEROSIS</u>				<u>1 yr.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (c) <u>NONE</u>				<u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>NONE</u>				<u>4-22</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
				<u>NONE</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>				
22. I hereby certify that I attended the deceased from <u>4-20</u> , 1949, to <u>6-25</u> , 1949, that I last saw the deceased alive on <u>6-24</u> , 1949, and that death occurred at <u>2:10 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Allen Spierman M.D.</u>				23b. ADDRESS <u>St. Joseph, Missouri</u>		23c. DATE SIGNED <u>6-25-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 27, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Vault</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 30, 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Beaman</u> ADDRESS <u>319 S. 10th St. Joseph Mo.</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 20 1949

MAR 28 1951

Dr. Norman

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

*Danny O. Becker*

Student Embalmer No. *287*

working under my personal supervision.

Student .....  
Student Embalmer

Signed *William Gaeding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Joseph, 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 this body is not embalmed, fact should be so stated above.