

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22527

State File No.

No. 300
10. 48

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

FILED JUL 23 1949

BIRTH NO. 45839777-49 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (in this place) <u>7 day</u>		d. STREET ADDRESS (If rural, give location) <u>Boone County Hosp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Boone County Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KIRT</u> b. (Middle) <u>DOUGLAS</u> c. (Last) <u>HEMSATH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>July 8 1949</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.</u>					

13a. FATHER'S NAME <u>Clyde H. Hemsath</u>	13b. MOTHER'S MAIDEN NAME <u>Mable Irene Rugen</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde H. Hemsath</u>	ADDRESS <u>20 S. St. Columbia Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 Day</u> <u>5 Day</u> <u>7700</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Erythroblastosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 10, 1949, to July 15, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 5 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>() Helen E. Yeager, M.D.</u>	23b. ADDRESS <u>909 University Columbia Mo.</u>	23c. DATE SIGNED <u>July 15 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 15 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 15 1949</u>	REGISTRAR'S SIGNATURE <u>Miss R.E. Palmer</u>	25. EMBALMER'S SIGNATURE <u>Harber Funeral Service</u>	ADDRESS <u>Columbia Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 18 1949
District Health Officer No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

Not

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.

Signed _____

Tom McHenry

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4067

P. O. Address _____

Columbia Md

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.