

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31527**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 339

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Randolph Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Randolph Twp</u>	
c. LENGTH OF STAY (In this place) <u>24 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Near Bismark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural St. Francois Co.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Hassen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17, 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>Oct. 28, 1894</u>	9. AGE (In years last birthday) <u>54</u>	10. MONTHS <u>10</u> DAYS <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) <u>Missouri D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Ambros Brunk.</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Vandever</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Hassen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Hassen Bismark, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Double Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia in lying</u>		DUE TO (c)		<u>2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>162X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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?	

22. I hereby certify that I attended the deceased from July 1, 1949, to Sept 17, 1949, that I last saw the deceased alive on Sept 17, 1949, and that death occurred at 9 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Gale M.D.</u> (Degree or title)		23b. ADDRESS <u>Bismarck Mo</u>		23c. DATE SIGNED <u>9/18/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/20/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Germania Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Francois county, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Sept 20, 1949</u>		REGISTRAR'S SIGNATURE <u>Erther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beat L. Boyer Leadwood Mo.</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 9-26-49

Health Officer No. 4

File Number 949-127

Date Filed.....

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

Student Embalmer

Signed

William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Woodward 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.