

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39895

State File No. ....

BIRTH NO. .... REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 61122 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Rural Kelso Township</u>		c. CITY OR TOWN <u>Rural Kelso Township</u>	
c. LENGTH OF STAY (in this place) <u>54 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Commerce R. R. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Commerce</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. 1</u>	

3. NAME OF DECEASED a. (First) <u>ROSALIE</u> b. (Middle) <u>HEISSERER</u> c. (Last) <u>HEISSERER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 12, 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>May 30, 1895</u>		9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR: Months <u>5</u> Days <u>12</u>	
11. BIRTHPLACE (State or foreign country) <u>Kelso, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13. HOUSEWIFE	

13a. FATHER'S NAME <u>Joe Glastetter</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Enderle</u>		14. NAME OF HUSBAND OR WIFE <u>August Heisserer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. August Heisserer</u> ADDRESS <u>Commerce, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decompensation</u>		ANTECEDENT CAUSES		R. 1	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Acute Myocarditis</u>			
DUE TO (c) <u>Carcinoma of Stomach</u>		II. OTHER SIGNIFICANT CONDITIONS		151X	
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 type="checkbox"/> NO <input 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) m.		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 Oct. 28, 1949, to Nov. 12, 1949, that I last saw the deceased alive on Nov. 12, 1949, and that death occurred at 4:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. P. Bigham</u>		23b. ADDRESS <u>Benton, Mo.</u>		23c. DATE SIGNED <u>Nov. 12, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Augustine Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kelso, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>11-16-49</u>		REGISTRAR'S SIGNATURE <u>B. J. ...</u>		300 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home, Cape Girardeau, Mo.</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 28 1940

RECEIVED NOV 2 11 1940  
District Health Office No. 2  
District File Number 1149-11  
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

*Virgil H. Welch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.