

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3922**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **198**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>Charleston Apt's.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>			
3. NAME OF DECEASED a. (First) <b>Henry</b>		b. (Middle) <b>****</b>	
c. (Last) <b>Hesse</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 15, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 7, 1870</b>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>79</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Hesse Rix Paint &amp; Glass Co.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Pres.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>John Hesse</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Memeyer</b>	
14. NAME OF HUSBAND OR WIFE <b>Olive Hesse</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-12-0084</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Henry Rix</b>		ADDRESS <b>St. Joseph, Missouri.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>As tuberculosis general</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. <b>Cerebral hemorrhage - right</b> DUE TO (b) <b>Hemiplegia - left</b> 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 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 <b>2-11, 1950</b> , to <b>2-15, 1950</b> , that I last saw the deceased alive on <b>2-15, 1950</b> , and that death occurred at <b>7:30 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. P. Lenson M.D.</b> (Degree or title)		23b. ADDRESS <b>St. Joseph Mo</b>	
23c. DATE SIGNED <b>2-16-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Febr. 17, 1950</b>	
24c. NAME OF CEMETERY OR CREMATOR <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>Feb 23, 1950</b>		REGISTRAR'S SIGNATURE <b>G. B. Jenkins</b> 382	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Niechopper</b>		ADDRESS <b>1946 Colhoun St. St. Joseph, Mo.</b>	

MAR 3 1950

MAR 8 1950

**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, *\*\*\*\*\**

*\*\*\*\** *\*\*\*\** *\*\*\*\** *\*\*\*\*\**  
Student Embalmer No. *\*\*\*\*\**

working under my personal supervision.

Student *\*\*\*\*\**  
Student Embalmer

Signed

*Raymond H. Morehead*

Licensed Embalmer No. *4413* Missouri.

P. O. Address *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.