

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 21 1950

State File No. 15505

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 74

1972
4

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

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN MARSHALL	c. LENGTH OF STAY (In this place) 6YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SWEET SPRINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION PAUTZ NURSING HOME		d. STREET ADDRESS (If rural, give location) 0970	

3. NAME OF DECEASED (Type or Print) a. (First) DORIS	b. (Middle)	c. (Last) HEMME	4. DATE OF DEATH (Month) (Day) (Year) 4-2-50
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 4-30-1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) SALINE COUNTY, MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME WM. SCHELP	13b. MOTHER'S MAIDEN NAME WILHELMINA SCHOENIGH	14. NAME OF HUSBAND OR WIFE MORTON L. HEMME
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. August Lange	ADDRESS Sweet Springs Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Hypertension		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		340 3.51X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 **1950** **April 2**, 1950 that I last saw the deceased alive on **April 1**, 1950, and that death occurred at **5:15** m., from the causes and on the date stated above.

23a. SIGNATURE William O. A. Muesel (Degree or title)	23b. ADDRESS Mo	23c. DATE SIGNED 4/3/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-4-50	24c. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEM. EMMA MO	24d. LOCATION (City, town, or county) (State) Mo
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DATE REC'D BY LOCAL REG. April 3-1950	REGISTRAR'S SIGNATURE Lidway J Gray	5. FUNERAL DIRECTOR'S SIGNATURE L. T. Parker	ADDRESS Sweet Springs Mo
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RECEIVED

APR 10

District Health Officer No. 8,

District File Number.....

Date Filed 4-20-50

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.