

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7152

BIRTH NO. 11991-51 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 48

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 township) OR TOWN MARSHALL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs, Mo. 0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbons Hospital		d. STREET ADDRESS (If rural, give location) 106 North Locust	
3. NAME OF DECEASED (Type or Print) a. (First) WAYNE b. (Middle) MAURICE c. (Last) HEMME		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25 1951	
5. SEX MALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Feb. 24, 1951
9. AGE (In years last birthday) -		10. MONTHS -	11. DAYS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME MARVIN HEMME		13b. MOTHER'S MAIDEN NAME Della Weber	
14. NAME OF HUSBAND OR WIFE NONE			
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 MARVIN HEMME		ADDRESS Sweet Springs, Mo.	
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) CONGENITAL Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 7544	
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 Feb 24, 1951, to Feb 25, 1951 , that I last saw the deceased alive on 12:30 P.M., 1951 and that death occurred at 10 pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James A. Reid MD		23b. ADDRESS Marshall Mo.	
23c. DATE SIGNED 2-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Sweet Springs Mo.
DATE REC'D BY LOCAL REG. Feb 26-1951	REGISTRAR'S SIGNATURE Lidway J. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Moreley	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-5-21
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-5-21 _____

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 _____
not embalmed - packed _____ Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed Edgar L. Moseley _____
Licensed Embalmer No. 47110
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.