

S. No. 300
V. 10. 48

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12180

State File No.

370
1

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

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL THIRD CREEK TWP</u>		c. LENGTH OF STAY (in this place) <u>4 WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STONY HILL</u>		<u>0370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR OWENSVILLE</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>HESEMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18 1951</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>MARCH 15 1889</u>		9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR Months	# UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>SWISS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BENJAMIN ALLEMANN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MEYER</u>		14. NAME OF HUSBAND OR WIFE <u>W^m H. HESEMANN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHESTER HESEMANN OWENSVILLE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver with terminal metastases to stomach and lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and lungs</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Approx. 1 year.</u>	
19a. DATE OF OPERATION <u>2-19-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable carcinoma of liver with metastases to stomach</u>				20. AUTOPSY? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stony Hill MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>3-2</u> , 19 <u>51</u> , to <u>4-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-17</u> , 19 <u>51</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or other) <u>Paul Brenner, M.D.</u>				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>4-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. James E & R. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Stony Hill MO</u>		
DATE REC'D BY LOCAL REG. <u>April 26, 1951</u>		REGISTRAR'S SIGNATURE <u>Sarah Wallace</u>		363		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael H. Winter OWENSVILLE</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 10 1951

RECEIVED

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 Ma

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Michael H N Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.