

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22844

0422
4

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

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moore's Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>901 N 2nd St</u>			
3. NAME OF DECEASED (Type or Print) <u>Emma</u>		a. (First)		b. (Middle)		c. (Last) <u>Hirssig</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-22-1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>7-21-1861</u>		9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 100 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>			
11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jacob Niser</u>		13b. MOTHER'S MAIDEN NAME <u>Caroling Fooley</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Hirssig</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Moore</u> ADDRESS <u>Clinton 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>Senile Dementia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
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) (Min.)		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 <u>7/7</u> , 19 <u>51</u> , to <u>7/22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/23</u> , 19 <u>51</u> , and that death occurred at <u>5:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Paetor M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>7/23/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-23-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>	
DATE REC'D BY LOCAL REG. <u>July-23-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> - 422		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u> ADDRESS <u>Clinton Mo</u>			

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RECEIVED

7-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed. 7-30-51

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 _____

Licensed Embalmer No. 4918

P. O. Address. Clinton 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.