

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27438

FILED AUG 16 1951

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Jasper <i>0490</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - <i>Mineral</i>	c. LENGTH OF STAY (in this place) 20yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - <i>Mineral</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4miles N. Webb City		d. STREET ADDRESS (If rural, give location) 4miles N. Webb City	

3. NAME OF DECEASED (Type or Print) AUGUSTUS			a. (First)			b. (Middle)			c. (Last) HESS			4. DATE OF DEATH August 6, 1951 (Month) (Day) (Year)		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 12, 1880		9. AGE (In years last birthday) 70		10. UNDER 1 YEAR 11 24		11. BIRTHPLACE (State or foreign country) Fulton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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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) Fulton, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Conrad Neukomm			13b. MOTHER'S MAIDEN NAME Elizabeth (No data)			14. NAME OF HUSBAND OR WIFE Lee Hess		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS May Neukomm Rt 1 Oronogo, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION											
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy DUE TO (c) Chronic Myocarditis											
		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 (Specify) SUICIDE HOMICIDE		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		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 7/10 1950 to 8/6 1951, that I last saw the deceased alive on 8/5/ 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>William D. Lewis</i> (Degree or title) D.O.		23b. ADDRESS A 1ba, Mo.		23c. DATE SIGNED 8/8/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 8, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
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DATE REC'D BY LOCAL REG. Aug 8-51		REGISTRAR'S SIGNATURE <i>W. D. Lewis</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

8/14/51

Jasper County Health Office

County File Number 51-8-643

Date Filed 8/15/51

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 Louise J. Lewis D.

Licensed Embalmer No. 4561

P. O. Address Wabbe city, 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.