

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16026**

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

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>75</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>4 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>629 S. Cedar</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Ida</u>	b. (Middle) <u>Anna</u>	c. (Last) <u>Herman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1952</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>Aug. 27, 1896</u>		9. AGE (In years last birthday) <u>55</u>	if UNDER 1 YEAR Months <u>8</u> Days <u>14</u>	if UNDER 6 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Deb Shoe Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Chamois, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Adolph Busen</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Hasenback</u>			14. NAME OF HUSBAND OR WIFE <u>Gilbert Herman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>550-05-5624</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Effie Glosemeyer, Washington, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) _____							
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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					
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>Feb 9</u> , 19 <u>51</u> , to <u>May 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 11</u> , 19 <u>52</u> , and that death occurred at <u>7:05 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. I. Marshall M.D.</u>				23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>May 13 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 13 1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Heckmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Kue</u>		ADDRESS <u>Washington, Mo.</u>	

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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 James F. Swoboda
Licensed Embalmer No. 4587

P. O. Address Washington

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.