

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19470

State File No.

0117
0

REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 680

BIRTH NO. _____

JUL 5 1952

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twnsp.

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

d. STREET ADDRESS (If rural, give location) R.F.D. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Buchanan

3. NAME OF DECEASED (Type or Print)

a. (First) ROSA b. (Middle) MARY KATHERINE c. (Last) HESS

4. DATE OF DEATH (Month) (Day) (Year) June 25 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 19, 1889 9. AGE (In years last birthday) 63 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY wn Home

11. BIRTHPLACE (State or foreign country) St. Joseph Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME George Degen 13b. MOTHER'S MAIDEN NAME Kate Reigel 14. NAME OF HUSBAND OR WIFE Charles L. Hess

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles L. Hess St. Joseph Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensated Cardiovascular Disease

ANTECEDENT CAUSES DUE TO (b) Aortic Valvular Disease

DUE TO (c) Syphilis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH about 6 mos
unknown
unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7/14, 1950 to 6/25, 1952, that I last saw the deceased alive on 6/24, 1952, and that death occurred at 12:45 Am., from the causes and on the date stated above.

23a. SIGNATURE My Redmond MD (Degree or title) 23b. ADDRESS St Joseph, Mo. 23c. DATE SIGNED 6/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 28 1952 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph Missouri

DATE REC'D BY LOCAL REG. July 2, 1952 REGISTRAR'S SIGNATURE Carl C Casper 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stoney Funeral Home St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.