

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24175

State File No. _____

FILED JUL 28 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>699</u>	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY OR TOWN Springfield		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Springfield		05-16	
d. FULL NAME OF HOSPITAL OR INSTITUTION Spgrfd. Baptist Hospital				d. STREET ADDRESS (If rural, give location) 219 N. Warren			
3. NAME OF DECEASED a. (First) Lulia (Type or Print)		b. (Middle) C.		c. (Last) Hessee		4. DATE OF DEATH (Month) July (Day) 22 (Year) 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11 Oct. 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 1 MIN. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Ringenberg		13b. MOTHER'S MAIDEN NAME Brumley		14. NAME OF HUSBAND OR WIFE William V. Hessee			
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William V. Hessee Springfield, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with congestive Heart Failure 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.				INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 18, 1952 to July 22, 1952 , that I last saw the deceased alive on July 22, 1952 , and that death occurred at 5:00 Am. , from the causes and on the date stated above.							
23a. SIGNATURE James C. Wood (Degree or title) M.D.				23b. ADDRESS 500 Holland Bldg.		23c. DATE SIGNED 7-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-24-52		24c. NAME OF CEMETERY OR CREMATORY DANFORTH		24d. LOCATION (City, town, or county) (State) Greene Co. Missouri	
DATE REC'D BY LOCAL REG. 7-25-52		REGISTRAR'S SIGNATURE Edith Williamson Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Springfield, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Nollan, Bldg. 2-0511 03 26
Good

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. 468

working under my personal supervision.

Student Sidney J. Pitts
Student Embalmer

Signed Ogle Stone Jr

Licensed Embalmer No. 4776

P. O. Address Springfield

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.