

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 31

260

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Osage Beach</u>	
c. LENGTH OF STAY (in this place) <u>hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route 0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still Osteopathic Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Hulsing</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25-1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	
		<u>Never married</u>		8. DATE OF BIRTH (last birthday) <u>Dec 6, 1936</u>	
9. AGE (In years) <u>16</u>		IF UNDER 1 YEAR (Months) <u>1</u>		IF UNDER 24 HRS. (Days) (Hours) (Min.) <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>High School Student</u>			10b. KIND OF BUSINESS OR INDUSTRY		
			11. BIRTHPLACE (City and State or Foreign Country) <u>Buer, Westfalen, Germany</u>		
			12. CITIZEN OF WHAT COUNTRY? <u>Germany</u>		

13a. FATHER'S NAME <u>HEERMANN Eugen</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hulsing</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mother Hulsing - Osage Beach Mo</u>	

18. CAUSE OF DEATH Enter 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u>			
		DUE TO (c) <u>Rheumatic Fever (old)</u>			
		11. 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 <u>4013</u>		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)	
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 1/25/53 1953, to 1/25/53 1953, that I last saw the deceased alive on 1/25/53, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lawrence Everett Coffey</u>		23b. ADDRESS <u>Jefferson City</u>		23c. DATE SIGNED <u>1/25/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 28/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Camden, MO</u>	
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DATE REC'D BY LOCAL REG <u>Jan 26-1953</u>		REGISTRAR'S SIGNATURE <u>R. P. Dorris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Victor Buescher</u>		ADDRESS <u>Jefferson City Mo</u>	
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MAR 12 1953

**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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.