

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13734

State File No.

FILED APR 29 1953

BIRTH NO.		REG. DIST. NO. <u>94</u>	PRIMARY REG. DIST. NO. <u>5354</u>	Registrar's No. <u>22</u>
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Red Top</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Red Top</u> <u>0300</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Red Top</u>		d. STREET ADDRESS (If rural, give location) <u>Red Top</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUSTA</u>		b. (Middle) <u>E.</u>		c. (Last) <u>HEMSTREET</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1953</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>28 Jan. 1873</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In home</u>		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J.P. Moore</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Glenn P. Evans Red Top, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 1 yr</u> Antecedent Causes DUE TO (b) <u>Arteriosclerosis</u> <u>Several years</u> DUE TO (c) <u>Nephritis (chronic) & arterio</u> <u>several years</u> II. OTHER SIGNIFICANT CONDITIONS <u>Sclerotic kidneys.</u> 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 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 <u>Feb 6</u> , 1953, to <u>April 21</u> , 1953, that I last saw the deceased alive on <u>February 6 1953</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Wayne Gonneman D.O.</u>		23b. ADDRESS <u>Fair Grove Mo.</u>		23c. DATE SIGNED <u>4/22/1953</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/23/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Willow Springs Ceme.</u>
24d. LOCATION (City, town, or county) (State) <u>Willow Springs Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. KLINGNER & CO. Springfield, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/27/53</u>		REGISTRAR'S SIGNATURE <u>Gene Peters</u> <u>80</u>		

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

0300
1

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

Max Rhodes

Licensed Embalmer No.

407

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.