

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

831

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. J

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Franklin	
b. CITY OR TOWN Sullivan McRamec		c. CITY OR TOWN Sullivan ARI Mo	
c. LENGTH OF STAY (In this place) 68		d. STREET ADDRESS (If rural, give location) 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION His Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Herman F.	b. (Middle) Hampschroeder	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 1-30-1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	8. DATE OF BIRTH 7-18-1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Sullivan Mo ARI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Henry Hampschroeder	13b. MOTHER'S MAIDEN NAME Caroline B. Barron	14. NAME OF HUSBAND OR WIFE Florence M. Hampschroeder
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 498-30-3147	17. INFORMANT'S SIGNATURE OR NAME Florence Hampschroeder	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Chronic Asthma		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1-15-1954, to 1-30-1954, that I last saw the deceased alive on 1-30-1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Humphrey	23b. ADDRESS Gerald Mo	23c. DATE SIGNED 1-2-54
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)	24b. DATE 2-2-54	24c. NAME OF CEMETERY OR CREMATORY Champion City	24d. LOCATION (City, town, or county) (State) Deshler ARI Mo
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DATE REC'D BY LOCAL REG. 2-2-54	REGISTRAR'S SIGNATURE Thomas A. Humphrey	496	25. FUNERAL DIRECTOR'S SIGNATURE E. Meyer	ADDRESS Gerald Mo
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(Licensed Embalmer's Statement on Reverse Side)

No. 300 10.48  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS NOV 16 1960

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

*Stanley E. Meyer*

Licensed Embalmer No. *4639*

P. O. Address *Geraldino*

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.