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FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17993

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 602

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
e. STREET ADDRESS (If rural, give location): 1820 Ashland Ave. 0117

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Hesse

4. DATE OF DEATH (Month) (Day) (Year): June 8, 1954.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: September 30, 1867
9. AGE (In years last birthday): 86 | 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): Ret. Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Building Materials
11. BIRTHPLACE (City and State or Foreign Country): St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Hesse
13b. MOTHER'S MAIDEN NAME: Martha Neimeyer
14. NAME OF HUSBAND/OR WIFE: Anna Hesse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ******
16. SOCIAL SECURITY NO.: 497-12-0085
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Martha Wade
ADDRESS: St. Joseph, 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, asthenia, 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 — Interval between onset and death: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Terminal Pneumonia — One day.
DUE TO (c) Strangulated Hernia — One day.

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

19a. DATE OF OPERATION: June 7-1954
19b. MAJOR FINDINGS OF OPERATION: Strangulated Hernia 5615
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) m.
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* June 7, 1954, *to* June 8, 1954, *that I last saw the deceased alive on* June 8, 1954, *and that death occurred at* 2:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gustav A. Lau
(Degree or title): M D
23b. ADDRESS: 217 Kirkpatrick Bldg. St. Joseph, Missouri
23c. DATE SIGNED: June 9, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 10, 1954
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: June 16, 1954
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer-Fleeman, Inc.
ADDRESS: 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 em

by me, or by ....****.....****....., Student Embalmer No.....*

working under my personal supervision..

Student....***.....****
Signature of Student Embalmer

Signed Raymond W. More

Licensed Embalmer No. 441

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.