

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20637

State File No.

4696

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) (1)		c. CITY OR TOWN Owensville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0370			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) Rural Rt. Boeuf Twp					
3. NAME OF DECEASED (Type or Print)			a. (First) Fred		b. (Middle) Bernard		c. (Last) Hesemann		
4. DATE OF DEATH		(Month) May		(Day) 24		(Year) 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 6 1884			
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 WKS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Owensville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Henry Hesemann			13b. MOTHER'S MAIDEN NAME Louisa Schweppe			14. NAME OF HUSBAND OR WIFE Anna Winter Hesemann			
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. Nil		17. INFORMANT'S SIGNATURE OR NAME Anna W. Hesemann, Owensville, Mo.			ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				DUPLICATE				1 wk.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
				DUE TO (b) Arterioneurosclerosis					
				DUE TO (c) Chronic Lymphatic Leukemia					
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 checked="" 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? 442xH					
22. I hereby certify that I attended the deceased from May 20 , 19 54 , to May 24 , 19 54 , that I last saw the deceased alive on May 24 , 19 54 and that death occurred at 8:30A m. , from the causes and on the date stated above.									
23a. SIGNATURE <i>C. J. Vanilla M.D.</i>				(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 5/24/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-27-54		24c. NAME OF CEMETERY OR CREMATORY E&R Cemetery		24d. LOCATION (City, town, or county) (State) Near Drake, Missouri.			
DATE REC'D BY LOCAL REG. MAY 26 1954		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington				
					ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1954

JUN 16

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Paul J. Washburn

Licensed Embalmer No.....

P. O. Address..... H. Dow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.