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SEP 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26635

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Benton 0760	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital		d. STREET ADDRESS (If rural, give location) 1/2 mile east of Chamois 1	

3. NAME OF DECEASED (Type or Print) MARGERET Matilda Hempleman			4. DATE OF DEATH (Month) (Day) (Year) Sept 9-1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 20 Nov 1886	9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME August Schuetz	13b. MOTHER'S MAIDEN NAME Margeret Pfotenhauer	14. NAME OF HUSBAND OR WIFE Albert Hempleman
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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	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs E J Hempleman	ADDRESS Chamois, Mo
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis DUE TO (c) Recurrent Breast Cancer		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Breast removed 6 yrs ago		

19a. DATE OF OPERATION 1	19b. MAJOR FINDINGS OF OPERATION Obstruction due to recurrent (breast)	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 Aug 6, 1954, to Sept 9, 1954, that I last saw the deceased alive on Sept 8, 1954, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Cassman MD	23b. ADDRESS Jeff. City - Mo	23c. DATE SIGNED 9-9-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12 Sept 54	24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery	24d. LOCATION (City, town, or county) (State) Chamois Missouri
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DATE REC'D BY LOCAL REG. SEPT 11-54	REGISTRAR'S SIGNATURE R. S. Darrin MD - RA	25. FUNERAL DIRECTOR'S SIGNATURE Stanley E. Meyer	ADDRESS Chamois Mo
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(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 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 Genois, Missouri

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

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