

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38254

State File No. _____

FILED NOV 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>397</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>209 East 7th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 East 7th</u>				d. STREET ADDRESS (If rural, give location) <u>209 East 7th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adeline</u>			b. (Middle) <u>-</u>		c. (Last) <u>Hosse</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 11, 1954</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>Jan 14th 1863</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 12 HRS. Hours <u>-</u> Mins. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Ernest Borghest</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Chris Hesse</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Clara Orrenburger Sedalia 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>Carcinoma Rt Breast with generalized metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>	
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) (Min)		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>Nov 11, 1954</u> , to <u>Nov 11, 1954</u> , that I last saw the deceased alive on <u>Nov 10, 1954</u> , and that death occurred at <u>4:05 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr Siegel MD</u> (Degree or title)				23b. ADDRESS <u>Smithton Mo</u>		23c. DATE SIGNED <u>11/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 17, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-16-54</u>		REGISTRAR'S SIGNATURE <u>Lavinia Coontz Depuy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>8 L. Bickhoff</u>		ADDRESS <u>Cole Camp Mo</u>	

(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 E. L. Bickhoff

Licensed Embalmer No. 150

P. O. Address Cole Camp Pa

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.