

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11241**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **186**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>50 Yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Family Home, 1006 So. Ellis</b>		e. STREET ADDRESS (If rural, give location) <b>1006 So Ellis St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hattie</b> b. (Middle) <b>Edith</b> c. (Last) <b>Koenemann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April, 8, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Aug, 23, 1898</b>		9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>22</b>	
IF UNDER 1 HR. Hours <b></b> Min. <b></b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Murphysboro ILL</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Grant Blackwood</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Seguin</b>		14. NAME OF HUSBAND OR WIFE <b>Wm Koenemann</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wm Koenemann</b>	
				ADDRESS <b>Cape Girardeau Mo.</b>	

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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>					
		DUE TO (c) <b></b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b></b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				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)	
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?	

22. I hereby certify that I attended the deceased from **6/11**, 19**67**, to **4/8**, 19**55**, that I last saw the deceased alive on **3/21**, 19**55**, and that death occurred at **4:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. H. Kevin MD</b> (Degree or title)		23b. ADDRESS <b>Cape Girardeau Mo</b>		23c. DATE SIGNED <b>4/11/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/11/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lorimer Cent.</b>	
				24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>	

DATE REC'D BY LOCAL REG. <b>4-15-55</b>		REGISTRAR'S SIGNATURE <b>W. C. Summer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Summer</b>	
				ADDRESS <b>Cape Girardeau Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 26 1958

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *A. J. Hamer*.....

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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