

FILED JUL 7 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18101

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5304 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		b. COUNTY Cole	
c. LENGTH OF STAY (in this place) One mile north of Honey Creek Church		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Henry	b. (Middle) August	c. (Last) Hemeyer	(Month) June	(Day) 23	(Year) 55

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 23 1888	9. AGE (in years last birthday) 66	IF UNDER 1 YEAR Months 10 Days 0	IF UNDER 6 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Hope, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME August Hemeyer	13b. MOTHER'S MAIDEN NAME Matilda Brauer	14. NAME OF HUSBAND OR WIFE Elnora Erhardt Hemeyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Henry Hemeyer	ADDRESS Jefferson City
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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) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic Atherosclerosis DUE TO (c) 4201		
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 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)
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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 **June 23, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:45** m., from the causes and on the date stated above.

23a. SIGNATURE J. Bruce	(Degree or title) MD	23b. ADDRESS 234 Madison Jefferson City Mo	23c. DATE SIGNED 6-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-25-55	24c. NAME OF CEMETERY OR CREMATORY Honey Creek Lutheran	24d. LOCATION (City, town, or county) (State) Cole, Mo.
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DATE REC'D BY LOCAL REG. June 30-1955	REGISTRAR'S SIGNATURE R. P. Dorris MD	25. FUNERAL DIRECTOR'S SIGNATURE Hugo H. Schubert	ADDRESS Russellville Mo
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Courtesy Perm. - Mrs. H. H. H. 6-25-55 + M & Reg. 3c. (Licensed Embalmer's Statement on Reverse Side) (Blue Ink)?

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

RECEIVED
FEB 22 1956

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 Hugo H Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, Mo.

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.