

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23123

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 202

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>LAFAYETTE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		c. LENGTH OF STAY (in this place) <u>8 Hours</u>	c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL HOSPITAL</u>			e. STREET ADDRESS (If rural, give location) <u>1/2 MILE NORTH EMMA, MO</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>WALDO</u>	b. (Middle) <u>MARTIN</u>	c. (Last) <u>HEMME</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MARCH 15, 1927</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SALINE COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WALTER HEMME</u>		13b. MOTHER'S MAIDEN NAME <u>FLORA HEERMAN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WALTER HEMME EMMA, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u>	ANTECEDENT CAUSES				<u>24 hrs</u>
DUE TO (b) <u>Peritonitis</u>	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>48 hrs</u>
DUE TO (c) <u>Volvulus 5703</u>	II. OTHER SIGNIFICANT CONDITIONS				<u>60 hrs</u>
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Kyphoscoliosis</u>				<u>20 years</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) m.	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>July 30, 1955</u> , to <u>July 30, 1955</u> , that I last saw the deceased alive on <u>July 30, 1955</u> , and that death occurred at <u>6:15 p.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles A. Emley, M.D.</u>			23b. ADDRESS <u>Sevier Springs Mo</u>		23c. DATE SIGNED <u>8/5/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>EMMA MO</u>	
DATE REC'D BY LOCAL REG. <u>8/8/55</u>	REGISTRAR'S SIGNATURE <u>Laurie Coontz Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. S. Janna Leonidia, 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.....
Signature of Student Embalmer

Signed *E. S. James*.....

Licensed Embalmer No. *2056*

P. O. Address *Concordia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.