

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 23 1956

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 44

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY OR TOWN <u>Washington</u> | | c. CITY OR TOWN <u>Washington</u> | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>10 weeks</u> | | e. STREET ADDRESS (Rural give location) <u>H. F. D. 1 E. 0360</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>MARTIN</u> | a. (First) <u>M</u> | b. (Middle) <u>H.</u> | c. (Last) <u>HELLMANN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1956</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept. 3, 1880</u> | 9. AGE (In years last birthday) <u>75</u> | 10. MONTHS <u>4</u> | 11. DAYS <u>12</u> | IF UNDER 24 HRS. Hour Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, R. I., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |

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| 13a. FATHER'S NAME <u>Albert M. Hellmann</u> | 13b. MOTHER'S MAIDEN NAME <u>Sophie Patke</u> | 14. NAME OF HUSBAND OR WIFE <u>Anna M. Hellmann</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year & date of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Albert M. Hellmann</u> | 18. ADDRESS <u>Washington, Mo.</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 Weeks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumo-Pneumonia</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input 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 Nov 23, 1953, to Jan 15, 1956; that I last saw the deceased alive on Jan 14, 1956, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>L. M. Munch</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>905 Elm Washington Mo 64650</u> | 23c. DATE SIGNED <u>1-16-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan 18 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Village Ridge, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1/17/56</u> | REGISTRAR'S SIGNATURE <u>L. J. Heckmann</u> | 49-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dieburg & Witt</u> | ADDRESS <u>Village Ridge, Washington, Mo</u> |
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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 *Lester A. Witt*.....

Licensed Embalmer No. *37*.....

P. O. Address *Washington*.....

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.