S. No. 300
v. 10.48

FILED FEB 20 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7856

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 3

**1. PLACE OF DEATH**
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Charrette
c. LENGTH OF STAY (In this place): 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Emmaus Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Ohio
b. COUNTY: Erie
c. CITY OR TOWN: Sandusky
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Unknown

8340 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Esther
b. (Middle): Hermenia
c. (Last): Hegemer

**4. DATE OF DEATH** (Month) (Day) (Year): Febrruary 16, 1956

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married
**8. DATE OF BIRTH**: April 15, 1898
**9. AGE** (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (City and State or Foreign Country): Sandusky, Ohio
**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: John G. Ruhl, Marthasville, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Chr Myocarditis — 3 yr

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 1561
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Sept, 1945 *to* Feb 16, 1956 *that I last saw the deceased alive on* Feb 16, 1956 *and that death occurred at* 600 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): G C Johnson MD
**23b. ADDRESS**: Marthasville Mo
**23c. DATE SIGNED**: 2/17/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb. 21, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: Emmaus Home Cmeetery
**24d. LOCATION** (City, town, or county) (State): Warren County, Missouri

**DATE REC'D BY LOCAL REG.**: Feb 17/56
**REGISTRAR'S SIGNATURE**: G C Johnson 334
**25. FUNERAL DIRECTOR'S SIGNATURE**: Delmont F. Lichtenberg
**ADDRESS**: Marthasville, Mo.

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

JUL 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Delmont F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasvill

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