

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32830**BIRTH NO. _____ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **4474** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs		c. CITY OR TOWN Sweet Springs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Roberts-Worley Clinic		STREET ADDRESS (If rural, give location) 515 South Locust 0970	
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Louise c. (Last) Hemme			4. DATE OF DEATH (Month) (Day) (Year) Sept 27 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan 22, 1897
9. AGE (In years) (If under 1 year last birthday) 59		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Blackburn Sweet Springs Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Claus Barchers		13b. MOTHER'S MAIDEN NAME Dorothea Jenc	14. NAME OF HUSBAND OR WIFE Ed C. Hemme
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. 493-34-6817	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ed C. Hemme, Sweet Springs, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease & Cyanosis DUE TO (c) Arteriosclerosis, Generalized 3-5 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity	
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)		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 Sept 27, 1956 , to Sept 27, 1956 , that I last saw the deceased alive on Sept 27, 1956 and that death occurred at 10:16 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles T. Worley M.D.		23b. ADDRESS Sweet Springs, Mo	23c. DATE SIGNED 9/28/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Sept. 30, 1956	24c. NAME OF CEMETERY OR CREMATORY JAIRNEW Cemetery	24d. LOCATION (City, town, or county) (State) Sweet Springs Missouri
DATE REC'D BY LOCAL REG. Sept. 29, 1956	REGISTRAR'S SIGNATURE Mary Inosley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edgar T. Massey, Sweet Springs Mo	

(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.....

Edgar L. Mosley

Licensed Embalmer No. 4711

P. O. Address Sweet Spring

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.