

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3765

FILED FEB 25 1957

STATE FILE NUMBER

1000

181

Registration District No. 42 Primary Registration District No. Registrar's No.

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Joseph |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2405 S. 28th St. | | Length of stay in lb life | d. STREET ADDRESS (If outside, give location) 2405 S. 28th St. |

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|--|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First TERRY Middle DON Last HESSEMYER | | | 4. DATE OF DEATH Month February Day 18, Year 1957 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH St. Joseph, Mo. | 9. AGE (In years last birthday) 2 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Joseph, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Clarence Eugene Hessemyer | | | 14. MOTHER'S MAIDEN NAME Marjorie Turnbull | | |
| 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 Address Mr. C. E. Hessemyer, 2405 S. 28th, St. Joseph, | | |

| | | |
|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor | | INTERVAL BETWEEN ONSET AND DEATH 1-2 mo |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|--|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION St Joseph Buchanan Mo |
| 21. I attended the deceased from Birth to 2-18-57 and last saw ^{her} him alive on 2-18-57 Death occurred at 5:00p. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) H. P. Petersen MD | | 22b. ADDRESS St Joseph Mo | 22c. DATE SIGNED 2-20-57 |

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|---|-------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 2/20/1957 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
| 24. FUNERAL DIRECTOR Nestor Bowman ADDRESS St Joseph Mo | | 25. DATE RECD. BY LOCAL REG. Feb 21, 1957 | 26. REGISTRAR'S SIGNATURE Ethel M. Allison |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in their reports. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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MAR 12 1957

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 *William Spalding*

Licensed Embalmer No. 453

P. O. Address 345 10th St

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