

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27942

STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1175 W. Main</i>			Length of stay in lb <i>45 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>1175 W. Main</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Matilda</i> Middle <i>H.</i> Last <i>Hesch</i>			4. DATE OF DEATH Month <i>August</i> Day <i>25</i> Year <i>1957</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov 16-1898</i>		9. AGE (In years last birthday) <i>58</i>	
				IF UNDER 1 YEAR Months <i>10</i> Days <i>9</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pipe Factory Worker</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Bone Products Co</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Frank John Hesch</i>				14. MOTHER'S MAIDEN NAME <i>Lena Ehlbeck</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Fred Hesch</i> Address <i>Washington Mo</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchiectasis, chronic</i>							INTERVAL BETWEEN ONSET AND DEATH <i>42 yrs</i>
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? <i>2</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ 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			COUNTY
							STATE
21. I attended the deceased from <i>28 March 48</i> to <i>25 Aug 57</i> and last saw her <sup>her</sup> <del>him</del> alive on <i>25 Aug 57</i> Death occurred at <i>8:10</i> A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>R. W. Bozza M.D.</i>				22b. ADDRESS <i>Washington, Mo</i>		22c. DATE SIGNED <i>26 Aug 57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug 27, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Odd Fellows Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Washington Mo</i>		
24. FUNERAL DIRECTOR <i>Nieburg &amp; Velt Inc.</i> ADDRESS <i>Washington Mo</i>			25. DATE RECD. BY LOCAL REG. <i>8/27/57</i>		26. REGISTRAR'S SIGNATURE <i>F. P. Schuman</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

800-56

Use only standard nomenclature in their text. No symptoms with no reason. An diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

19-2

CEA 5-22-51

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 *Jerome F. Swofoda* .....

Licensed Embalmer No. *45*

P. O. Address *Washington*

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