

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037505
STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 246

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u> | | c. CITY OR TOWN <u>St. Charles</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. R. #2</u> | | d. STREET ADDRESS (If outside, give location) <u>R. R. #2</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Amanda W. Hesskamp</u> | | 4. DATE OF DEATH Month Day Year <u>Oct. 29, 1958</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 7, 1900</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u> | 11. BIRTHPLACE (City and state or country) <u>St. Charles, County, Mo. USA</u> |
| 13a. FATHER'S NAME <u>Henry Grote</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sophie Witte</u> | 14. NAME OF HUSBAND OR WIFE <u>Alvin H. Hesskamp</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Mr. Alvin Hesskamp St. Charles, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular accident</u> DUE TO (b) <u>Cardiac Asthma</u> DUE TO (c) <u>Bronchectom</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>6 yrs ?</u> <u>2 yrs ?</u> |
| 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. | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>Oct 28 - 1958</u> , to <u>Oct 29 - 1958</u> and last saw her alive on <u>Oct 28 - 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>J. L. Harrington DO²</u> | | 22b. ADDRESS <u>St. Charles Mo</u> | |
| 22c. DATE SIGNED <u>Nov-3-1958</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Nov. 1, 1958</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Arthur C. Baue, St. Charles, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Oct 31 - 58</u> | |
| | | 26. REGISTRAR'S SIGNATURE <u>Marceea Wilson</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS
SEP 8
1939

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 *David C. Baue*

Licensed Embalmer No. *5060*

P. O. Address *St. Charles, Mo.*

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.