

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000681
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 21

300
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hartsburg
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 Lafayette St		Length of stay in 1b two years	d. STREET ADDRESS (If outside, give location) RR # 1
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First EUGENE Middle ALEXANDER Last HESSE			4. DATE OF DEATH Month January Day 16th Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 14th 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 00 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocerman		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) Hermann, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Hesse		13b. MOTHER'S MAIDEN NAME Emma Heberlie	14. NAME OF HUSBAND OR WIFE Jessie Reid Fischer Hesse	
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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. 488-38-0745	17. INFORMANT Mrs Jessie Hesse RR # 1, Hartsburg, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years 3 years
DUE TO (b) Hypertension			
DUE TO (c) Diabetes Mellitus			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			19. WAS AUTOPSY PERFORMED? 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.)	
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20c. TIME OF INJURY Hour a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hartsburg		COUNTY Boone	STATE Missouri
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21. I attended the deceased from **9/21/58**, to **1/16/59** and last saw ^{him} alive on **1/16/59**.
Death occurred at **3:45 p** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J Kanagawa MD		(Degree or title)	22b. ADDRESS 515 E High St	22c. DATE SIGNED 1/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 19 January 1959	23c. NAME OF CEMETERY OR CREMATORY St. Pleasant Cemetery		23d. LOCATION (City, town, or county) (State) Boone County, Missouri
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24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 23 January 1959	26. REGISTRAR'S SIGNATURE R. P. Norris, MD - RR	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

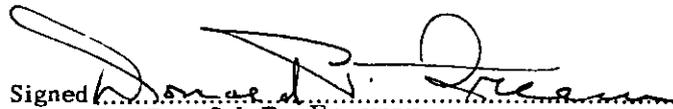
All diseases in Part I must be causally related.

JAN 28 1959

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 
Donald P. Freeman

Licensed Embalmer No. 4623
P. O. Address Jeff City 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.