

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000698  
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY, MO.</b>		c. CITY OR TOWN <b>WESTPHALIA, MO.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>0760</b>	

3. NAME OF DECEASED (Type or print) First <b>LEO</b> Middle <b>TEMMEN</b> Last			4. DATE OF DEATH <b>JAN. 8, 1959</b> Month Day Year		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 13, 1896</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>25</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Westphalia, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Temmen</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Brester</b>	14. NAME OF HUSBAND OR WIFE <b>Josephine Lock</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Clem Temmen</b> Address <b>J C Mo.</b>
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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) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>year</b>
DUE TO (b) <b>arteriosclerosis</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) <b>331X</b>		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 <b>9:30 P.</b> Month, Day, Year <b>Dec 26/59</b>	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 <b>Jefferson City Mo.</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>
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21. I attended the deceased from <b>Dec 26/59</b> to <b>Jan 8/59</b> and last saw him alive on <b>Jan 8/59</b> Death occurred at <b>9:30 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Dean W. Dwyer M.D.</b>	22b. ADDRESS <b>Jefferson City Mo.</b>	22c. DATE SIGNED <b>1-9-59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/10/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph</b>	23d. LOCATION (City, town, county) <b>Westphalia, Mo.</b> (State)
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24. FUNERAL DIRECTOR <b>Sylvester Dulle</b> ADDRESS <b>JC Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9 January 1959</b>	26. REGISTRAR'S SIGNATURE <b>R. P. Norris, MR-MR.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Lyneester Dulle* .....

Licensed Embalmer No. *4321*  
P. O. Address *Jeffersonville* .....

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.