

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017287

STATE FILE NUMBER

FILED JUN 3 1959 Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HERMANN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HERMANN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. WASHINGTON ST		Length of stay in 1b 50 yes	d. STREET ADDRESS (If outside, give location) 5371 S. WASHINGTON ST
3. NAME OF DECEASED (Type or print) First Middle Last AUGUST FRANK HESSE		4. DATE OF DEATH Month Day Year MAY 23 1959	
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 JUNE 10-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	11. BIRTHPLACE (City and state or country) STOLPE MO
13a. FATHER'S NAME AUGUST HESSE		13b. MOTHER'S MAIDEN NAME ELIZABETH SCHUSTER	14. NAME OF HUSBAND OR WIFE CLARA HESSE
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. 488-38-4483A	17. INFORMANT Address CLARENCE HESSE HERMANN MO
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 THROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS			5 years
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <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 1953 , to 5-23-59 and last saw ^{him} alive on 5-22-59 Death occurred at 510 p on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George M. Workman M.D.		22b. ADDRESS HERMANN, MO	22c. DATE SIGNED 5-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/25/1959	23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY	23d. LOCATION (City, town, or county) (State) HERMANN MO
24. FUNERAL DIRECTOR HUGO H. BLUMER		ADDRESS HERMANN MO	25. DATE RECD. BY LOCAL REG. 5-24-59
26. REGISTRAR'S SIGNATURE Delma Uffelmann			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Hugo H. Deuren

Licensed Embalmer No. 3160
P. O. Address Heerman

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.