URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-034862

STATE FILE NUMBER

FILED VS SEP 22 1959

Registration District No. 824 Primary Registration District No. 3072 Registrar's No. 150

NDED

1. PLACE OF DEATH
a. COUNTY SALINE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHALL — Length of stay in 1b 16 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FITZGIBBONS HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SALINE
c. CITY OR TOWN CONCORDIA — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5 MI EAST OF CONCORDIA, MO — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First IRENE Middle Last HEMME

4. DATE OF DEATH Month SEPT Day 19 Year 1959

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH OCT. 16 1912
9. AGE (last birthday) 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (City and state or country) CONCORDIA, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HENRY CORDES
13b. MOTHER'S MAIDEN NAME ELLA SCHNARENBERG
14. NAME OF HUSBAND OR WIFE PAUL HEMME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT PAUL HEMME Address CONCORDIA, 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) Pulmonary Embolis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post operative - hysterectomy
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept 3-1959, to 9-19-59 and last saw her/him alive on 9-19-59
Death occurred at Marshall, Mo Fitzgibbons Hosp. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. R. Lawrence, M.D.
22b. ADDRESS Marshall, Mo
22c. DATE SIGNED 9-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 9/22/59
23c. NAME OF CEMETERY OR CREMATORY HOLY CROSS
23d. LOCATION (City, town, or county) EMMA (State) MO

24. FUNERAL DIRECTOR E. S. Jones ADDRESS Concordia Mo.
25. DATE RECD. BY LOCAL REG. 9-19-'59
26. REGISTRAR'S SIGNATURE Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 30 1959

VS OCT 8 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

or by Me, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. Turner

Licensed Embalmer No. 2058

P. O. Address Concordia. T

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