

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039556

FILED VS NOV 3 0 1959

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3070 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Washington</i>		c. CITY OR TOWN <i>Washington</i>	
Length of stay in 1b <i>42 yrs.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Francis Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>540 E. Fifth St.</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Henry</i> Middle <i>Hamann</i> Last			4. DATE OF DEATH Month <i>Nov.</i> Day <i>21</i> Year <i>1959</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-25-1885</i>	9. AGE (last birthday) <i>74</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>26</i>	IF UNDER 24 HR Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <i>Shoe Worker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe Factory</i>	11. BIRTHPLACE (City and state of country) <i>Washington, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Henry Hamann Sr.</i>	13b. MOTHER'S MAIDEN NAME <i>Agnes Moore</i>	14. NAME OF HUSBAND OR WIFE <i>Corad Hamann</i>
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15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, name or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>500-18-5310</i>	17. INFORMANT Address <i>Corad Hamann, Washington, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Central thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
DUE TO (b) <i>arterio-sclerosis</i>		
DUE TO (c) <i>age</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>arterio-sclerosis, head down, myocardial infarction</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 <i></i> a.m. <i></i> p.m. <i></i>	Month, Day, Year <i></i>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from *Nov 19, 1959* to *Nov 21, 1959* and last saw him alive on *Nov 20, 1959*
Death occurred at *2:50 A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>L. O. Muench M.D.</i>	22b. ADDRESS <i>208th Washington Mo</i>	22c. DATE SIGNED <i>11/28/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Nov 23, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Heberg & Co. Inc. Washington, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>11/23/59</i>	26. REGISTRAR'S SIGNATURE <i>J.P. Hamann & R. Hamann</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RECEIVED SA
SEP 14 1968

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 Lester A. Pitt

Licensed Embalmer No. 3254

P. O. Address Washington

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.