RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009434

FILED VS FEB 23 1960

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 30

IDED

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Length of stay in 1b DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp. — 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 Marshall — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 276 E Lacy — Reside on Farm Yes ☐ No ☒

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

4. DATE OF DEATH Month Feb. Day 14, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 2-7-1907

9. AGE (last birthday) 53 — 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) Solelayer

10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory.

11. BIRTHPLACE (City and state or country) Saline, Co. Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jacob Hemme

13b. MOTHER'S MAIDEN NAME Bertha Steinkuehler

14. NAME OF HUSBAND OR WIFE Minnie Hemme (DEC)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Raymond Schelp Address Independence 3109 Claremont

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Massive Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 40 Min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)

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 14 Feb '60, to 14 Feb '60 and last saw him alive on 14 Feb. 60

Death occurred at 3:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lee McCorkle MD

22b. ADDRESS Marshall, Missouri

22c. DATE SIGNED 15 Feb 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-16-1960

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Cemetery

23d. LOCATION (City, town, or county) (State) Marshall, Missouri

24. FUNERAL DIRECTOR ADDRESS Sweeney-Reser Funeral Home, Marshall

25. DATE RECD. BY LOCAL REG. 2-15-'60

26. REGISTRAR'S SIGNATURE Cecil G. Reed

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 30 1960

STATEMENT BY LICENSED EMBALMER

MAR

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack W. Reser

Licensed Embalmer No. 4643

P. O. Address Marshall

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