

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 7 1960

=60-022787

STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 5425 Registrar's No. 10

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Franklin</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Haven Mo.</b> Length of stay in 1b <b>entire life</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b> c. CITY OR TOWN <b>New Haven</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Louisa</b> Middle <b>Maria</b> Last <b>Hempelmann</b>		<b>4. DATE OF DEATH</b> Month <b>June</b> Day <b>28</b> Year <b>1960</b>						
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>1-28-1866</b>	<b>9. AGE</b> (last birthday) <b>94</b>	<b>IF UNDER 1 YEAR</b> Months <b>3</b> Days <b>5</b>	<b>IF UNDER 24 HR</b> Hours <b>3</b> Min. <b>0</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Homemaking</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Germany</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>		
<b>13a. FATHER'S NAME</b> <b>Wilhelm Meyer</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Maria Louise Dannenberg</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Jacob Hempelmann</b>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT</b> <b>Mr. Emil Hempelmann</b> Address <b>New Haven Mo.</b>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> <b>unk. cause</b> DUE TO (c) <b>Generalized Arteriosclerosis</b> <b>unk. cause</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>upper B. I. hemorrhage with Acute Anemia.</b>								
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								
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour <b>p.m.</b> Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
<b>21. I attended the deceased from</b> <u>6/28/60</u> <b>to</b> <u>6/28/60</u> <b>and last saw her</b> <u>6/28/60</u> <b>him</b> <u>6/28/60</u> <b>alive on</b> <b>Death occurred at</b> <u>10 A.M.</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>								
<b>22a. SIGNATURE</b> (Degree or title) <b>Samuel C. Bonney Jr. M.D.</b>			<b>22b. ADDRESS</b> <b>305 E. Elm Washington Mo.</b>		<b>22c. DATE SIGNED</b> <b>6/28/60</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>7-1-1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>New Haven Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) <b>New Haven Mo.</b> (State)			
<b>24. FUNERAL DIRECTOR</b> <b>L. C. Fertig &amp; son</b> ADDRESS <b>New Haven Mo.</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>6-29-1960</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Lawrence Kueger Deputy</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Carl C. Dente

Licensed Embalmer No. 3383

P. O. Address New Haven

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.