

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17737

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>161</u>			
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>					
b. CITY OR TOWN <u>COLUMBIA</u>		c. LENGTH OF STAY (In this place) <u>43 DAYS</u>		c. CITY OR TOWN <u>WESTPHALIA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS FISCHER ST. CL. HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>0761</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALOYSIOUS</u>			b. (Middle) <u>—</u>			c. (Last) <u>TEMMEENS</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-1955</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>			
8. DATE OF BIRTH <u>JUNE 23, 1908</u>		9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>1</u>		IF UNDER 1 HR. Hour <u>—</u> Min. <u>—</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>OSAGE CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>JOE TEMMEENS</u>			13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE TEMMEENS</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORDS</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Lymphatic Leukemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 YR.</u>	
* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>2040</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>5-11, 1955</u> , to <u>6-23, 1955</u> , that I last saw the deceased alive on <u>6-23, 1955</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. J. Schmeier Jr. M.D.</u> (Degree or title)				23b. ADDRESS <u>State Cancer Hosp.</u>		23c. DATE SIGNED <u>6-23-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6/25/55</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>St. Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Westphalia Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 24, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Shelle J.C. Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JUL 18 1955

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....

Sylvester Dull

Licensed Embalmer No.

P. O. Address.....
Jefferson

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