

FILED DEC 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36491**

BIRTH NO. _____		REG. DIST. NO. <u>115</u>		PRIMARY REG. DIST. NO. <u>5433</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>					
b. CITY OR TOWN <u>Rural Union</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Rural</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>Beaufort, Missouri R#R. 03649</u>					
3. NAME OF DECEASED a. (First) <u>Amelia</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Tessmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 10, 1901</u>		9. AGE (In years last birthday) <u>54</u>	# OUNCE YEAR <u>6</u>	# OUNCE DAY <u>10</u>	# OUNCE MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Beaufort, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fritz E. Tessmer</u>			13b. MOTHER'S MAIDEN NAME <u>Alvina E. Mueller</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Emil J. Tessmer</u> ADDRESS <u>Beaufort, Missouri</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>Circulatory Collapse.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Carcinoma of Breast</u>		3 yrs ^{2 1/2 hrs}			
				DUE TO (c) <u>Metastatic Carcinoma</u>		2 yrs ^{2 1/2 hrs}			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				170X					
19a. DATE OF OPERATION <u>9-8-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic Carcinoma of Breast (Spumous cell)</u>				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) _____		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>2-16</u> , 19 <u>52</u> , to <u>12-10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-8</u> , 19 <u>55</u> , and that death occurred at <u>3:10 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Arthur M. Williams M.D.</u>				23b. ADDRESS <u>St Clair Mo</u>		23c. DATE SIGNED <u>12-12-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 13 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Jordan Evang.</u>		24d. LOCATION (City, town, or county) (State) <u>Jeffriesburg, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Dec 12-55</u>		REGISTRAR'S SIGNATURE <u>H. J. Cooper 98-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. H. Temme Beaufort, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 E. H. Lemme, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. H. Lemme
.....

Licensed Embalmer No. 30

P. O. Address Beau

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.