

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15199

Registration District No. 408

Primary Registration District No. 5563A

State File No. \_\_\_\_\_

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town RURAL - East Jackson  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
County Infirmary  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 Years, Infirmary  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Lydia Ann Hessderson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife M. J. Hessderson  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 26th, 1857  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 25  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Ind.  
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Garbon

18. Birthplace Unknown Ohio  
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Daugherty

15. Birthplace Unknown Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Dodson

(b) Address Supt. County Infirmary

17. (a) Burial (b) Date thereof 4-22-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farriner Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

19. (a) Apr. 20, 1940 (b) E. J. McIntire  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Rural - Carthage  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route # 3  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th  
 year 1940 hour 4: minute 00 A.M.

21. I hereby certify that I attended the deceased from 7/1/39  
 \_\_\_\_\_, 19\_\_\_\_, to 4/20/40, 19\_\_\_\_;  
 that I last saw her alive on 4/16/40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease - myocardial degeneration  
 Due to Generalized Arteriosclerosis  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
865

While at work? \_\_\_\_\_ (Specify type and place) (e) Means of injury \_\_\_\_\_

23. Signature W. J. McKeen (M.D. or other) \_\_\_\_\_  
 Address 304 Grant, Dallas Date signed 4/20/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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40-5-34

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Steve D. Parker*

Licensed Embalmer No.

*2548*

P. O. Address

*Golden, W.V.*

**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 this body is not embalmed, above space should be left blank.**