S. No. 300
. 10-48

FILED FEB 3 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 2327

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 16

9 2 4 3

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

**1. PLACE OF DEATH**
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles, Missouri
c. LENGTH OF STAY (in this place): 6
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jonesburg, Missouri
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): a. (First) Frances b. (Middle) N. c. (Last) Hess

**4. DATE OF DEATH** (Month) 1 (Day) 16 (Year) 49

**5. SEX:** F

**6. COLOR OR RACE:** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH:** 11-30-80

**9. AGE** (In years last birthday): 68 — IF UNDER 1 YEAR: Months 1, Days 16 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Vermont

**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13a. FATHER'S NAME:** Thomas Neenan

**13b. MOTHER'S MAIDEN NAME:** Brigit Phillips

**14. NAME OF HUSBAND OR WIFE:** Edward M. Hess

**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:** E. M. Hess — ADDRESS: Jonesburg, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Essential hypertension — ?

DUE TO (c) Generalized Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

**19a. DATE OF OPERATION:** No

**19b. MAJOR FINDINGS OF OPERATION:** No

**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): No

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1/10, 1949, *to* 1/16, 1949, *that I last saw the deceased alive on* 1/16, 1949 *and that death occurred at* 10 A.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): R. O. Hayden MD

**23b. ADDRESS:** St Charles, Mo

**23c. DATE SIGNED:** 1/16/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE:** 1-19-49

**24c. NAME OF CEMETERY OR CREMATORY:** St. Patricks

**24d. LOCATION** (City, town, or county) (State): Jonesburg, Missouri

**DATE REC'D BY LOCAL REG.:** 1-24-49

**REGISTRAR'S SIGNATURE:** Fannie Hamilton

**25. FUNERAL DIRECTOR'S SIGNATURE:** Carl A. Harding — ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File No. .....
Date Filed ..... JAN 21 1949

## 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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Paul A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg MO

Signed .....
Student Embalmer

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, fact should be so stated above.