

STANDARD CERTIFICATE OF DEATH

State File No. 5447

BIRTH NO. 49-102805 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline Mo Rural</u>	
c. LENGTH OF STAY (in this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Francis</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Donald</u>	b. (Middle) <u>Keith</u>	c. (Last) <u>Essig</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 19-1949</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Hours <u>8</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Martin Daniel Essig</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Warnock</u>	14. NAME OF HUSBAND OR WIFE
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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 AND ADDRESS <u>Mrs Ruth Essig Marceline Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital heart disease</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>tonsillitis, otitis media</u>		75-44	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Marceline Linn Mo.</u>
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 Jan. 19, 1949, to Feb. 27, 1949, that I last saw the deceased alive on Feb 26, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Philip A. Ottman M.D.</u>	23b. ADDRESS <u>Marceline, Mo.</u>	23c. DATE SIGNED <u>2/28/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline Mo</u>
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DATE REC'D BY LOCAL REG. <u>March 1, 1949</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	401	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>James McLaughlin</u>
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(Licensed Embalmer's Statement on Reverse Side) Marceline Mo

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.

Student
Student Embalmer

Signed *Blanche McLaughlin*.....

Licensed Embalmer No. *1909*.....

P. O. Address *Marceline*.....

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.