

FILED APR 8 1949 STANDARD CERTIFICATE OF DEATH

State File No. 7728

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Excelsior Springs Hospital		d. STREET ADDRESS (If rural, give location) 123 Seratoga	

3. NAME OF DECEASED (Type or Print)	a. (First) PETER	b. (Middle) EMILE	c. (Last) DESSAINT	4. DATE OF DEATH (Month) (Day) (Year)
				3 16 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 20 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Burlington Railroad	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) quebeque Canada	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Emmille Dessaint	13b. MOTHER'S MAIDEN NAME Mary Paradise	14. NAME OF HUSBAND OR WIFE Mary Dessaint
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME William A. Scanlon-Brookfield Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis			instant
ANTECEDENT CAUSES	DUE TO (b) _____		
<i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	DUE TO (c) _____		
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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/14, 1949, to 3/16, 1949, that I last saw the deceased alive on 3/15, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS Excelsior Springs Mo	23c. DATE SIGNED 3/16/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 17 1949	24c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal Mo
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DATE REC'D BY LOCAL REG. 3/17/49	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Chas. U. Hope	ADDRESS Excelsior Springs Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

24

RECEIVED

District Health Officer No. 8,

District File Number.....

Filed 4-7-49

APR 12 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.

Student

Student Embalmer

Signed James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs Mo

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.