

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14990**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 51340		Registrar's No. 598	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Washington)			c. LENGTH OF STAY (in this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			1 7 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri River 3				d. STREET ADDRESS (If rural, give location) 901 1/2 So. 14th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth			b. (Middle)		c. (Last) Hesler		4. DATE OF DEATH (Month) (Day) (Year) 5 22 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH Jan. 5, 1921		9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty Operator		10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop		11. BIRTHPLACE (State or foreign country) Gallatin, Mo.		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME Carl Hesler			13b. MOTHER'S MAIDEN NAME Ruby Trotter		14. NAME OF HUSBAND OR WIFE None		
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Hesler, James port, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Woman drowned in the Missouri River May 22-1949 about 3:00 p.m. DUE TO (c) River II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. The body was recovered May 29th. INTERVAL BETWEEN ONSET AND DEATH 1 day						
19a. DATE OF OPERATION 1949 about 1 p.m.	19b. MAJOR FINDINGS OF OPERATION 1949 about 1 p.m.					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Missouri River		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Missouri River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Buchanan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 22 - 1949 3:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drowned		69298 42	
22. I hereby certify that I attended the deceased from on 5/29, 1949 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 p.m. , from the causes and on the date stated above. 11							
23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)			23b. ADDRESS St. Joseph, Mo. 409 So 3d St			23c. DATE SIGNED 5/30/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/31/1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
DATE REC'D BY LOCAL REG. June 1, 1949	REGISTRAR'S SIGNATURE G. B. Jenkins		3821	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John C. Kupp St. Joseph, Mo.			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.