

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18451

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>373</u>		PRIMARY REG. DIST. NO. <u>6268</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Niangua township.</u>		c. LENGTH OF STAY (In this place) <u>x</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		103	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>x</u>				d. STREET ADDRESS (If rural, give location) <u>Niangua township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u>		b. (Middle) _____		c. (Last) <u>Essary</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar.-21-49</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec. 9-1865</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Days <u>x</u>		IF UNDER 24 HRS. Hours <u>x</u>		Min. <u>x</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Cleveland Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Thomas Green</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth A Leagge</u>		14. NAME OF HUSBAND OR WIFE <u>James Essary</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>x</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Essary, Niangua, Missouri</u>			
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) <u>MYOCARDIAL INSUFFICIENCY, ACUTE</u> ANTECEDENT CAUSES DUE TO (b) <u>GENERAL DEBILITY OF</u> DUE TO (c) <u>OLD AGE</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. S. Schlicht, M.D.</u>				23b. ADDRESS <u>Niangua, Mo.</u>		23c. DATE SIGNED <u>5/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Good Spring</u>		24d. LOCATION (City, town, or county) (State) <u>Webster County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/25/49</u>		REGISTRAR'S SIGNATURE <u>J. Francis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray J. Jolley - Marshfield, Mo</u>			

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

RECEIVED

District Health Officer No. 6,

District File Number 649-629

Date Filed 6-1-49

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 _____
Student Embalmer

Signed Alex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.