No. 300
10.48

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33415

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5357 Registrar's No. 100

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

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benton Twp Rural 5 Miles Nor Pattonsburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: 11
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray 13
d. STREET ADDRESS (If rural, give location): 2.

3. NAME OF DECEASED (Type or Print): a. (First) Billy b. (Middle) W. c. (Last) Hess

4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 1949

5. SEX: M O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/14/1928
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: 505-32-2459
11. BIRTHPLACE (State or foreign country): St Charles Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: G. A. Hess
13b. MOTHER'S MAIDEN NAME: Orrella Crane
14. ~~NAME OF HUSBAND OR~~ WIFE: Natta 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: G. A. Hess Murray Iowa ADDRESS

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): Burns Truck Accident — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Body Charred and — E8194
DUE TO (c): badly Mangled after — 31

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Truck hit bridge & Caught fire

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway #69
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Benton Twp Daviess Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-4-1949 6:00 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Unknown ? ?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased after death 10-4, 1949, and that death occurred at 6:00 A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Floyd E. Nelson Coroner
23b. ADDRESS: Gallatin Mo.
23c. DATE SIGNED: 10-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-5-49
24c. NAME OF CEMETERY OR CREMATORY: King Cemetery
24d. LOCATION (City, town, or county) (State): Truro Iowa

DATE REC'D BY LOCAL REG.: 19 Oct 1949
REGISTRAR'S SIGNATURE: Virginia M Engelhart 81
25. FUNERAL DIRECTOR'S SIGNATURE: Gromer Funeral Home ADDRESS: Pattonsburg Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1950

JAN 4 1950

RECEIVED
NOV 1 1949
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 Body Burned Beyond Embalming

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg M

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.