

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5790**
Registrar's No. **39**

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 39			
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Randolph					
b. CITY OR TOWN Moberly		c. LENGTH OF STAY (in this place) 6 years		c. CITY OR TOWN Moberly		0813			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1330 Quinn Street				d. STREET ADDRESS (If rural, give location) 1330 Quinn					
3. NAME OF DECEASED (Type or Print) THOMAS JEFFERSON HESS			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Feb-7-1950		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May-14-1875		9. AGE (In years last birthday) 74		10. MONTHS 8 DAYS 24			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (State or foreign country) Cass County Illinois			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Hiram Hess		13b. MOTHER'S MAIDEN NAME Margaret White		14. NAME OF HUSBAND OR WIFE Melissia Gene Hess		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486-12-6910		17. INFORMANT'S SIGNATURE OR NAME Miss Corine Hess ADDRESS 1330 Quinn St. Moberly MO.			
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocardio				INTERVAL BETWEEN ONSET AND DEATH 2yr	
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.				4232	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 1-1 , 19 48 , to 2-7 , 19 50 , that I last saw the deceased alive on 2-7 , 19 50 , and that death occurred at 5:15pm. , from the causes and on the date stated above.									
23a. SIGNATURE H. Griffiths MD (Degree or title)				23b. ADDRESS Moberly Mo		23c. DATE SIGNED 2-8-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb-9-1950		24c. NAME OF CEMETERY OR CREMATORY Hagar Cemetery		24d. LOCATION (City, town, or county) (State) 4 miles West of Moberly MO			
DATE REC'D BY LOCAL REG. 2-9-50		REGISTRAR'S SIGNATURE Earl W. ...		FUNERAL DIRECTOR'S SIGNATURE ...		ADDRESS ... Moberly MO.			

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

RECEIVED

FEB 1 3

District Health Officer No

District File Number 2200

Date Filed FEB 1 3 19

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.