

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
9974
Registrar's No. 4

2886

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

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6013

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton Hill; R.R.#2</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton Hill; R.R.#2</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clifton Hill; R.R.#2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Hess</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 3, 1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Mendon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James P. Hess</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Upp</u>		14. NAME OF HUSBAND OR WIFE <u>Linnie Hess</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willie Hess; Clifton Hill, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1-15</u> , <u>1950</u> , to <u>3-7</u> , <u>1950</u> , that I last saw the deceased alive on <u>3-7</u> , <u>1950</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. A. Barnhart</u>		23b. ADDRESS <u>Clifton Hill</u>		23c. DATE SIGNED <u>3-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Keytesville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-10-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. D. A. Barnhart</u>	27. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Tetter</u>	ADDRESS <u>Huntsville</u>		

mo

RECEIVED MAR 15 1950
District Health Officer No. 10
District File Number 3-57-45
Date Filed MAR 15 1950

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 Tom B. Patton.....

Licensed Embalmer No. 3914.....

P. O. Address Huntsville, Ala.....

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.