

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19073

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott	
b. CITY OR TOWN Chaffee	c. LENGTH OF STAY (in this place) 4 years	c. CITY OR TOWN Chaffee 1601	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Norbert	b. (Middle) Ernest	c. (Last) Essner	4. DATE OF DEATH (Month) (Day) (Year) April 28 1950
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Nov. 25, 1907	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (State or foreign country) Rockview Scott Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Theodore A Essner	13b. MOTHER'S MAIDEN NAME Anna Ressek	14. NAME OF HUSBAND OR WIFE Helen Essner -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490-05-5398	17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel Kehlhofer	ADDRESS Chaffee Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis & Atherosclerosis		1/2 hour
DUE TO (b) No previous	DUE TO (c) History of illness		4201
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4/28**, 19**50**, to **4/28**, 19**50**, that I last saw the deceased alive on **4/28**, 19**50**, and that death occurred at **8:45** m., from the causes and on the date stated above.

23a. SIGNATURE W.C. Greaney, M.D.	(Degree or title)	23b. ADDRESS 517 Bldg Chaffee Mo	23c. DATE SIGNED 4/29/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 1, 1950	24c. NAME OF CEMETERY OR CREMATORY St Augustine	24d. LOCATION (City, town, or county) (State) Chaffee, Mo
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DATE REC'D BY LOCAL REG. 4/29/50	REGISTRAR'S SIGNATURE W.B. MacCreary	25. FUNERAL DIRECTOR'S SIGNATURE B. Splinghoff	ADDRESS Funeral Home Chaffee Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

RECEIVED MAY 24 1950

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 550-4

VS DEC 10 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 Jack J. Summitt

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.