

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26674

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs 0201			
c. LENGTH OF STAY (In this place) 11 days				d. STREET ADDRESS (If rural, give location) /			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wetzel Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Dewey		b. (Middle) A.		c. (Last) Hess		4. DATE OF DEATH (Month) (Day) (Year) Aug: 30 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan; 4-1899		9. AGE (In years last birthday) 51	10. IF UNDER 1 YEAR Months 7 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Howell County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Hess		13b. MOTHER'S MAIDEN NAME Clarinda Maslen		14. NAME OF HUSBAND OR WIFE Alice Hess Lowry City Mo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) Yes WW # 2		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Hess Lowry City Missouri			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Internal injuries DUE TO (c) plane car accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 8 1/2 26							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 093 Dural				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify), SUICIDE HOMICIDE Auto Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 13 Lowry City		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lowry City St. Clair Mo			
21d. TIME OF INJURY Aug 19 1950 10:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? auto-truck collision			
22. I hereby certify that I attended the deceased from Aug 19, 1950, to Aug 30, 1950, that I last saw the deceased alive on Aug 30, 1950, and that death occurred at 9:55 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Robert H. Maslen (Degree or title) DO.				23b. ADDRESS 105 E. Ohio Clinton Mo		23c. DATE SIGNED Aug 30 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/3/1950		24c. NAME OF CEMETERY OR CREMATORY Hazel Dell		24d. LOCATION (City, town, or county) (State) Cedar County Missouri	
DATE REC'D BY LOCAL REG. Aug 31-1950		REGISTRAR'S SIGNATURE Florence Adams - 422		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.B. Goodrich Osceola Mo			

