No. 300
10.48

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

FILED MAR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9340

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon
c. LENGTH OF STAY (In this place): 14 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1304 So Walnut.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon 0661
d. STREET ADDRESS (If rural, give location): 1304 So Walnut. 6

3. NAME OF DECEASED (Type or Print)
a. (First): Elbert
b. (Middle): LeNore
c. (Last): HESS

4. DATE OF DEATH (Month) (Day) (Year): March-15 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 24 Nov. 1896
9. AGE (In years last birthday): 54
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): Laborer-
10b. KIND OF BUSINESS OR INDUSTRY: Farm-
11. BIRTHPLACE (State or foreign country): Morgan Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Phillip-A-Hees
13b. MOTHER'S MAIDEN NAME: Nancy-Hedrick.
14. NAME OF HUSBAND OR WIFE: Sarah-Purl-Hees

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 499-07-5954
17. INFORMANT'S SIGNATURE OR NAME: Charles Hees
ADDRESS: Barnett Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 mins

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocarditis — unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased ~~last~~ on March 15 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:20 P m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter P. Hedges (Degree or title) Coroner
23b. ADDRESS: Iberia, Missouri
23c. DATE SIGNED: 3/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 18 March 51
24c. NAME OF CEMETERY OR CREMATORY: Union Cem.
24d. LOCATION (City, town, or county) (State): Morgan Co Mo

DATE REC'D BY LOCAL REG.: Mar. 17, 1951
REGISTRAR'S SIGNATURE: Alverretta Walters 142
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Kays
ADDRESS: Eldon-Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 20 1951
MILLER COUNTY HEALTH
DEPARTMENT

AUG 20 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Keith M. Kays

Signed.....
Student Embalmer

Licensed Embalmer No. 3998

P. O. Address Eldon 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.