S. No. 300
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FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21029

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 141

0883
1

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

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place) 74 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 306 N. Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly 0883
d. STREET ADDRESS (If rural, give location) 306 N. Buchanan

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) CROCKETT c. (Last) ESRY

4. DATE OF DEATH (Month) (Day) (Year) June-10-1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June-17-1876

9. AGE (In years last birthday) 74 | 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) Miner

10b. KIND OF BUSINESS OR INDUSTRY Coal

11. BIRTHPLACE (State or foreign country) Randolph County Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Esry

13b. MOTHER'S MAIDEN NAME Lutendia Dollard

14. NAME OF HUSBAND OR WIFE Anna Elizabeth Esry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 491-14-0746

17. INFORMANT'S SIGNATURE OR NAME Mrs. David C. Esry ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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

ANTECEDENT CAUSES

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

DUE TO (b) Coronary artery disease — 5 yrs

DUE TO (c) Mitral Valvular disease — 5 yrs

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 4201

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 12, 1949, *to* 6/10, 1951, *that I last saw the deceased alive on* 4/14, 1951, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Geo. M. Eselman D.O.

23b. ADDRESS Huntsville, Mo.

23c. DATE SIGNED 6/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/13/51

24c. NAME OF CEMETERY OR CREMATORY Sugar Creek

24d. LOCATION (City, town, or county) (State) Moberly Missouri

DATE REC'D BY LOCAL REG. 6-13-51

REGISTRAR'S SIGNATURE Leah Williams Lowe

25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home ADDRESS Moberly MO

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JUN 1 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1097
Date Filed: JUN 1 8 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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed R. M. Cater
Licensed Embalmer No. H117
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.