

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JAN 30 1952

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY VERNON.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give township) NEVADA.		c. CITY (If outside corporate limits, write RURAL and give township) RURAL-OSAGE TWP. 1080	
c. LENGTH OF STAY (in this place) 3 WKS		d. STREET ADDRESS (If rural, give location) 6 MI. SOUTH RICH HILL.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL.			

3. NAME OF DECEASED a. (First) ALBERT b. (Middle) HESSE. c. (Last) HESSE.			4. DATE OF DEATH (Month) (Day) (Year) JAN-18-1952		
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5. SEX MALE.		6. COLOR OR RACE WHITE.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.		8. DATE OF BIRTH MARCH-8-1867		9. AGE (In years last birthday) 84.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 14 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINEING			10b. KIND OF BUSINESS OR INDUSTRY COAL			11. BIRTHPLACE (State or foreign country) ESSEN GERMANY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME WM. HESSE.			13b. MOTHER'S MAIDEN NAME UNKNOWN.			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. PLEASE.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Tom Datchum Rich Hill, Mo.		ADDRESS Rich Hill, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEFT VENTRICULAR FAILURE.				INTERVAL BETWEEN ONSET AND DEATH 14 DAYS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr Hypertensive Cur. Disease					
		DUE TO (c)					
		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 443 X				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 **DEC 30, 1951**, to **JAN 18, 1952**, that I last saw the deceased alive on **JAN 18, 1952**, and that death occurred at **11:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE, (Degree or title) Annal E. Furry		23b. ADDRESS Nevada MO		23c. DATE SIGNED 1-21-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-20-1952.		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM.		24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI	
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DATE REC'D BY LOCAL REG 1-22-1952		REGISTRAR'S SIGNATURE Annal E. Furry		25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Serv. Frank Hill, Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler MD

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.