No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5746

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Marion.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Missouri.
c. LENGTH OF STAY (in this place): 10 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StElizabeth Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~XXXXXXXX~~ Center, Missouri. 0870
d. STREET ADDRESS (If rural, give location): Center, Missouri.

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle): C.
c. (Last): Hess.

4. DATE OF DEATH (Month) (Day) (Year): Jan, 22, 1952.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July, 24, 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 55 Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ralls County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ruben Garnett
13b. MOTHER'S MAIDEN NAME: Sarah Caldwell
14. NAME OF HUSBAND OR WIFE: Wm Hess.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Dorothy Gordon. Perry, 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) Acute obstruction of bowl — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Probably Carcinoma of Stomach — 2 yr.
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: 151 X
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* Jan. 17, 1952, *to* Jan. 22, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. B. Norton M.D.
23b. ADDRESS: Hannibal, Missouri.
23c. DATE SIGNED: 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-22-52
24c. NAME OF CEMETERY OR CREMATORY: Ariel Cemetery
24d. LOCATION (City, town, or county) (State): Ralls County, Missouri.

DATE REC'D BY LOCAL REG.: 2/1/52
REGISTRAR'S SIGNATURE: N C Fisher Deputy — N E M Lucke
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Clyde C. Wilkey Center, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED FEB 15 1952
MARION CO. HEALTH DEPT.
DATE FILED FEB 15 1952

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

Note:- The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.