

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44252

State File No. ....

FILED JAN 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 56

1. PLACE OF DEATH

a. COUNTY Stoddard

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Stoddard

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield

d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED

a. (First) John b. (Middle) Randolph c. (Last) Ezzell

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)

Dec. 28 1952

5. SEX male

6. COLOR OR RACE White

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

8. DATE OF BIRTH Nov. 4, 1874

9. AGE (In years last birthday) 78

# INDEX 1 YEAR 1 MONTHS 24 DAYS \_\_\_\_\_

# INDEX IN PER. \_\_\_\_\_ HOURS \_\_\_\_\_ MIN. \_\_\_\_\_

10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY Mercantile

11. BIRTHPLACE (City and State or Foreign Country) Near Bloomfield Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John R. Ezzell

13b. MOTHER'S MAIDEN NAME Susan C. McDonald

14. NAME OF HUSBAND OR WIFE Louisa J. Ezzell

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. 493-28-4817

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clifford Kirby Florissant 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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial infarction

ANTECEDENT CAUSES Coronary artery disease

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

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

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 days

unknown

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) 4261

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

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 12/20, 19 52 to 12/28, 19 52, that I last saw the deceased alive on 12/28, 19 52, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE D. B. Arst (Degree or title) M.D.

23b. ADDRESS Bloomfield, Mo.

23c. DATE SIGNED 1/3/53

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

24b. DATE Dec. 30, 1952

24c. NAME OF CEMETERY OR CREMATORY Bloomfield

24d. LOCATION (City, town, or county) (State) Bloomfield Mo.

DATE REC'D BY LOCAL REG. Jan 5 1953

REGISTRAR'S SIGNATURE Rose Wilkie

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Undertaking Co. Bloomfield

(Licensed Embalmer's Statement on Reverse Side)

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

1030  
1

1961 2-4 4700

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 \_\_\_\_\_

Lulu Cooper License # 3499

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ivan C Cooper

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Pa

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.