

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 14 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dover Trip.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>Accident</u>		d. STREET ADDRESS (If rural, give location) <u>5016 College</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2mi. east on 24 Highway</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>May</u> c. (Last) <u>Heston</u>			4. DATE OF DEATH <u>July 5, 1953</u> (Month) (Day) (Year)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 30, 1892</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Gustav Suke</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Hubble</u>		14. NAME OF HUSBAND OR WIFE <u>W.T. Heston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.T. Heston, Kansas City, Mo.</u>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull, chest, femur, radius & ulna + laceration -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mediate cause death shock + hemorrhage</u> DUE TO (c) <u>Injury in a head on motor car collision on 24 Highway last of Dec on 7-5-53 approx 9 AM</u>		
II. OTHER SIGNIFICANT CONDITIONS: <u>Lat. callus on 24 Highway last of Dec on 7-5-53 approx 9 AM</u>		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>No surgery</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>24 Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dover Lafayette MO</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 5 1953 9 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Motor car head on collision</u>
---	---	---

22. I hereby certify that I attended the deceased from death from, to July 5, 1953, that I last saw the deceased alive on 24, 1953, and that death occurred at 9 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Martin J. Corney</u>	23b. ADDRESS <u>O. O. Heston</u>	23c. DATE SIGNED <u>7-5-53</u>
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>removal</u>	24b. DATE <u>July 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City, Missouri</u>	24d. LOCATION (City, town, or county) (State)
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 6-1953</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James T. Tempel, Lexington, Missouri</u>
---	---	--

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

40
3

VS DEC 8 1957

VS OCT 7 1957

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 _____

Licensed Embalmer No. 2983

P. O. Address _____

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.