

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25419

5581/ State File No.

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2007 Registrar's No. 256

1. PLACE OF DEATH a. COUNTY <u>Jasper County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jasper</u>	
c. LENGTH OF STAY (in this place) <u>10 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. so. of Webb City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. so. of Webb City</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. so. of Webb City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cordelia</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Hesseltine</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>	8. DATE OF BIRTH <u>Sept. 29, 1872</u>	9. AGE (In years) (Months) (Days) <u>80</u>	10. UNDER 18 HRS. <u>None</u>
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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 (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Joshua Kidwell</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Neal</u>	14. NAME OF HUSBAND OR WIFE <u>Douglas J. Hesseltine</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hesseltine</u>	ADDRESS <u>Webb City Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Generalized Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cause in renal disease</u>		
	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 _____	20. AUTOPSY? <u>Yes</u> <input type="checkbox"/> <u>No</u> <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) <u>170X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 June, 1951, to July 31, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>R. O. Schultz</u>	(Degree or title) _____	23b. ADDRESS <u>Trussburg Jasper Mo</u>	23c. DATE SIGNED <u>8-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-6-53</u>	REGISTRAR'S SIGNATURE <u>R. O. Schultz</u> 138-	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Kiddle</u>	ADDRESS <u>Seneca Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
Jasper County Health Office

County File Number 652
Date Filed AUG 10 1953

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 W. E. Biddlecom

Licensed Embalmer No. 2174

P. O. Address Seneca 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.