

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar Co.</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>N. Park St. 020/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20, 1953</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u>		b. (Middle)		c. (Last) <u>HESS</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan. 16, 1868</u>		9. AGE (In years last birthday) Months Days <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mich.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Joseph Hess</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Hess</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alden Hess, El Dorado Springs</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>8-19, 1953</u> , to <u>8-20, 1953</u> , that I last saw the deceased alive on <u>8-20, 1953</u> , and that death occurred at <u>7:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>C. Sunderwirth</u>				23b. ADDRESS <u>509 El Dorado Springs</u>		23c. DATE SIGNED <u>8-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Dell</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 23, 1953</u>		REGISTRAR'S SIGNATURE <u>J. H. Knott, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Swinn-Crothers El Dorado Springs Mo.</u>			

418-0

(Licensed Embalmer - Government on Reverse Side)

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

201

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 _____

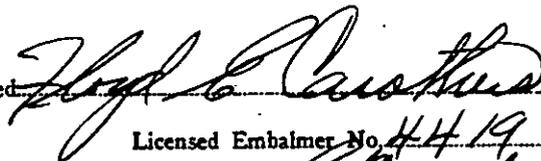
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 4419

P. O. Address Durado Springs, 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.