

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28029

State File No.

0200

FILED AUG 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>4106</u>		Registrar's No. <u>19</u>		
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Springs</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u>		1080		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannister Clinic</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED a. (First) <u>Essie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Morningstar</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 53</u>					
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 24 1909</u>		
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mts. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Sheldon Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Abel Morningstar</u>			13b. MOTHER'S MAIDEN NAME <u>Agnes Smith</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Morningstar Sheldon Mo.</u> ADDRESS _____				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fibroid tumor of uterus</u> ANTECEDENT CAUSES <u>Empysem of Lung</u> 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>1 1/2 hr</u> <u>12 hr</u>	
19a. DATE OF OPERATION <u>7-30-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Multiple fibroid obstructions uterus</u>						
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 _____				
22. I hereby certify that I attended the deceased from <u>3-17, 1953</u> to <u>7-30, 1953</u> that I last saw the deceased alive on <u>7-30, 1953</u> and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>E. B. Bannister MD</u> (Deceased or title) (If 13b. ADDRESS <u>Jerico Springs</u>				23c. DATE SIGNED <u>7-30-53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 1 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>		24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo.</u>		
DATE REC'D BY LOCAL REG <u>8-22-53</u>		REGISTRAR'S SIGNATURE <u>Norma Timmerman</u> <u>477-8</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald Peeny</u> ADDRESS <u>Sheldon Mo.</u>				

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *L. Gerald Beeny*

Signed.....
Student Embalmer

Licensed Embalmer No. *#202*

P. O. Address *L. Gerald Beeny*

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.