

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42565**  
Registrar's No. **1147**

FILED JAN 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Greene</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1020 E. Livingston</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> c. CITY OR TOWN <b>Springfield</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>1612 E. Atlantic</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>William</b> b. (Middle) <b>V.</b> c. (Last) <b>Hessee</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 27 1953</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Oct 1, 1879</b>
<b>9. AGE</b> (In years last birthday) <b>74</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Agriculture</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Marshal Hessee</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Ann Rogers</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>No</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Orville Hessee</b>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Coronary thrombosis</b> <b>1 hour</b> <b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 hour</b>  <b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Myo carditis</b> <b>2 years</b> DUE TO (c) <b>Arterio scerosis</b> <b>several years</b> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Senilitis</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from <u>12-6</u>, 19<u>53</u>, to <u>12-27</u>, 19<u>53</u>, that I last saw the deceased alive on <u>12-10</u>, 19<u>53</u>, and that death occurred at <u>1050P</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>C. E. Feller M.D.</b>		<b>23b. ADDRESS</b> <b>609 Cherry Springfield, Mo.</b>	<b>23c. DATE SIGNED</b> <b>12-30-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>12-30-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Danforth Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Greene Co. Missouri</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>12-31-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Edith Williamson</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>J. W. Klingner &amp; Co. Springfield, Mo.</b>

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 407

P. O. address Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.