

FILED DEC 28 1953

STANDARD CERTIFICATE OF DEATH

State File No. 43752

0740

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5853 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Conception Jct. - rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Conception Jct. - rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home		d. STREET ADDRESS (If rural, give location) 5 miles west 0740	
3. NAME OF DECEASED (Type or Print) a. (First) CHESTER b. (Middle) HARRISON c. (Last) ESPEY		4. DATE OF DEATH (Month) (Day) (Year) 12 16 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/30/90
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Maryville, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own account	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Allison Espey		13b. MOTHER'S MAIDEN NAME Mary Almina Shinabarger	14. NAME OF HUSBAND OR WIFE Edna Gray Espey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Chester H. Espey, Conception
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
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) Coronary occlusion	
		ANTECEDENT CAUSES Arteriosclerosis	
		DUE TO (b) Arteriosclerosis	
		DUE TO (c)	
		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 no operations	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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)		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 Not attended Dec. 16, 1953, that I last saw the deceased alive on Not seen , and that death occurred at 8:30P m., from the causes and on the date stated above.			
23a. SIGNATURE J. E. Dean coron. M. D.		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 12-18-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/18/53	
24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 12-26-53		REGISTRAR'S SIGNATURE Bens Bolt 228	
25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.		ADDRESS	

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

34 020 111
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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 Curtis C. Family

Licensed Embalmer No. 4936

P. O. Address Maryville, 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.