

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44862

State File No. ....

No. 300  
10-48

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

120 23

FILED DEC 18 1953

94776

REG. DIST. NO. 333

PRIMARY REG. DIST. NO. 3074

Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. LENGTH OF STAY (In this place) <b>5 minutes</b>	c. CITY OR TOWN <b>East Prairie</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>Star Route</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby Boy</b> b. (Middle) <b>Hesselrode</b> c. (Last) <b>Hesselrode</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 28 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>—</b>	8. DATE OF BIRTH <b>11-28-1953</b>
9. AGE (In years last birthday) <b>—</b> IF UNDER 1 YEAR Days <b>—</b> IF UNDER 24 HRS. Hours <b>—</b> Mins. <b>15</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sikeston, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Bennie T. Hesselrode</b>	
13b. MOTHER'S MAIDEN NAME <b>Betty Rose Moxley</b>		14. NAME OF HUSBAND OR WIFE <b>—</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Betty Hesselrode</b>		ADDRESS <b>East Prairie Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity - 24 wk. pregnancy 1 hr.</b> ANTECEDENT CAUSES DUE TO (b) <b>None Known</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <b>—</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>776 X</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11-28, 1953</b> , to <b>11-28, 1953</b> , that I last saw the deceased alive on <b>11-28, 1953</b> and that death occurred at <b>9:05 P. m.</b> , from the causes and on the date stated above:			
23a. SIGNATURE (Degree or title) <b>E. D. Urban</b>		23b. ADDRESS <b>Sikeston</b>	
23c. DATE SIGNED <b>12-5-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>11-28-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rogwood Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Mississippi Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bennie T. Hesselrode</b>	
DATE REC'D BY LOCAL REG. <b>12-10-53</b>		ADDRESS <b>East Prairie</b>	

RECEIVED  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 1258-266

---

---

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.....

P. O. Address .....

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.