

FILED JUN 1 1954

STANDARD CERTIFICATE OF DEATH 5592

State File No. 45

No. 300
10-48

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

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3079 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jeff.	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Joachim	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Crystal City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R#2-Featers Mo.		e. STREET ADDRESS (If rural, give location) 205 Virginia 0501	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) A. c. (Last) Hess	4. DATE OF DEATH (Month) (Day) (Year) May 18, 1954	5. SEX Male	6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 4, 1869	9. AGE (In years last birthday) 84	10. MONTHS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY F.P.G. Co.	11. BIRTHPLACE (City and State or Foreign Country) Louisville, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Phillip Hess	13b. MOTHER'S MAIDEN NAME Unknown	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)	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecil Brown #2 Featers	
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intermittent Phroubosis</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>March 1954</u> <u>unknown</u>
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
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) 444 X
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>March 18, 1954</u> to <u>May 18, 1954</u> that I last saw the deceased alive on <u>May 18, 1954</u> , and that death occurred at <u>5:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James C. Pridemore</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Crystal City Mo</u>	23c. DATE SIGNED <u>May 18/54</u>	
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-20-54</u>	REGISTRAR'S SIGNATURE <u>James C. Pridemore</u>	502- <u>Funeral Director's Signature</u>	ADDRESS <u>Crystal City Mo</u>

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 25 1954

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.....
Henry R. Tolson

Licensed Embalmer No. 34

P. O. Address Crystal

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.