

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22271

State File No. _____

FILED JUL 26 1954

5. No. 300
V. 10.48

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Moberly</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 8 years</u>		e. STREET ADDRESS (If rural, give location) <u>0 989</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>P.</u>	
c. (Last) <u>Dessert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct 27-1879</u>
9. AGE (in years if under 1 year last birthday) <u>74</u>		10. MONTHS <u>6</u> 11. DAYS <u>9</u> 12. IF UNDER 1 YEAR: Hours <u>7</u> Min. <u>44</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harness maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William P. Dessert</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen M. Chisholm</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>DK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>Fulton, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infection - unknown type</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUPLICATE TO (b) <u>unknown origin.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE TO (c)	
DUPLICATE TO (c)		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 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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1953</u> , to <u>July 17, 1954</u> , that I last saw the deceased alive on <u>July 17, 1954</u> , and that death occurred at <u>9:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Earl C. Keller M.D. by Hank</u>		23b. ADDRESS <u>Fulton Mo</u>	
23c. DATE SIGNED <u>7/17/54</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	
24b. DATE <u>July 19-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	
24d. LOCATION (City, town, or county) <u>Moberly</u>		24e. STATE <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 18-1954</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace</u>		ADDRESS <u>Funeral Home, Fulton, Mo</u>	

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

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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.....
Signature of Student Embalmer

Signed *Daniel P. Browning*.....

Licensed Embalmer No *2724*.....

P. O. Address *Fulton,*.....

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.