

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23437

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Festus		c. CITY OR TOWN Pacific		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 0360			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain View Nursinf Home					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lorene	b. (Middle) Lilian	c. (Last) Essman	(Month) July	(Day) 22.	(Year) 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 27, 1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Pacific Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Louis Mauthe	13b. MOTHER'S MAIDEN NAME Lena Burgen	14. NAME OF HUSBAND OR WIFE William Essman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 195-22-5068	17. INFORMANT'S SIGNATURE OR NAME Gertrude Mauthe, St. Louis, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-1, 1954, to 7-22, 1954, that I last saw the deceased alive on 7-22, 1954 and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE M.A. O'Connell	(Degree or title) M.A.	23b. ADDRESS 112 MISSISSIPPI CRYSTAL CITY MO.	23c. DATE SIGNED 7-23-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 25, 1954	24c. NAME OF CEMETERY OR CREMATORY Pacific	24d. LOCATION (City, town, or county) (State) Pacific, Mo.
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DATE REC'D BY LOCAL REG. July 23, 1954	REGISTRAR'S SIGNATURE John M. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE John S. Fisher, Pacific Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 18 1954

JUL 27 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..... *John L. Thibbs*

Licensed Embalmer No. *3008*

P. O. Address *Pacific*

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.