

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1955

BIRTH NO. _____		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 4088		Registrar's No. 9			
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Carter					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore		c. LENGTH OF STAY (in this place) 12 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore		0180 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Clara			b. (Middle)			c. (Last) Hassell			
4. DATE OF DEATH (Month) (Day) (Year) March 22 1955									
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct. 24-1883			
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 4 Days 28		IF UNDER 24 HRS. Hours Mins. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) School Teacher			10b. KIND OF BUSINESS OR INDUSTRY Public Schools			11. BIRTHPLACE (City and State or Foreign Country) Millsprings, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jessie Hassell		13b. MOTHER'S MAIDEN NAME Mary Carson		14. NAME OF HUSBAND OR WIFE None			
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Clyde Carnahan		ADDRESS Ellsinore Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Arteriosclerosis 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.				INTERVAL BETWEEN ONSET AND DEATH 10 hrs ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) (Min.)		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 Dec 1953 to 22 Mar 1955 , that I last saw the deceased alive on 22 Mar 1955 , and that death occurred at 11 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE W. W. Washburn MD				23b. ADDRESS 320. 1st Poplar Bluff Mo		23c. DATE SIGNED 23 Mar 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 29-55		24c. NAME OF CEMETERY OR CREMATORY Carson Hill		24d. LOCATION (City, town, or county) (State) Millsprings Mo.			
DATE REC'D BY LOCAL REG. Mar. 26 55		REGISTRAR'S SIGNATURE Mrs Oeta. Henson		50-c William Luther Piedmont		25. FUNERAL DIRECTOR'S SIGNATURE William Luther Piedmont			

(Licensed Embalmer's Statement on Reverse Side)

Mo.

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

180

AUG 17 1952

APR 17 1952

APR 17 1952

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *William Coder*

Licensed Embalmer No. *3723*

P. O. Address *Redmont, 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.