

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32058**

FILED SEP 19 1955

BIRTH NO. _____		REG. DIST. NO. <u>373</u>		PRIMARY REG. DIST. NO. <u>6265</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GRANT</u>		c. LENGTH OF STAY (in this place) <u>18 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GRANT</u>		<u>1120</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>5 MI WEST MARSHFIELD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> b. (Middle) <u>MAE</u> c. (Last) <u>HESTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 9 1955</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APR 24 1903</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN MYERS</u>			13b. MOTHER'S MAIDEN NAME <u>LOU WEST</u>		13c. NAME OF HUSBAND OR WIFE <u>JOSEPH H.</u>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH HESTER MARSHFIELD R2</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypotension - Sleg emboli</u> <u>Coronary heart disease</u> (myelocytic) DUE TO (c) <u>Chronic Granulocytic leucemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recurrent Pulmonary infections</u> <u>Coronary heart disease</u> <u>Pneumonia with pleural effusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>26 hours</u> <u>3 years</u> <u>14 months</u> <u>1 year</u>
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) _____			
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>Oct 31</u> , 19 <u>53</u> , to <u>Sept 9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-9</u> , 19 <u>55</u> , and that death occurred at <u>10:20 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. M. McDonald, M.D.</u>				23b. ADDRESS <u>Marshfield Mission</u>		23c. DATE SIGNED <u>9/13/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-12-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODSPRINGS WEBSTER CO MO</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>9-12-55</u>		REGISTRAR'S SIGNATURE <u>J. Francis Barber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. W. BARBER</u> ADDRESS <u>MARSHFIELD MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1937

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
Student Embalmer

Signed *George Stapp*.....

Licensed Embalmer No. 316.....

P. O. Address *Mr. Stapp*.....

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.