.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33871

State File No.

FILED NOV 9 1955

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon
c. LENGTH OF STAY (in this place) 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Hamden
c. CITY OR TOWN Linn Creek d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location) Gen Del

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Essie c. (Last) Ezard
4. DATE OF DEATH (Month) (Day) (Year) Oct 14 1955
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 14 1886
9. AGE (In years last birthday) 68 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) House wife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City or State or Foreign Country) Saline Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John R Hackleworth
13b. MOTHER'S MAIDEN NAME Mary Ellen Bedwell
14. NAME OF HUSBAND OR WIFE Elza James Ezard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Elza James Ezard ADDRESS as above

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — years
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2, 1955, *to* 10-14, 1955, *that I last saw the deceased alive on* 10-14, 1955, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE George R. Hesler (Degree or title) MD
23b. ADDRESS Lebanon Mo.
23c. DATE SIGNED 10-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried
24b. DATE Oct 23-55
24c. NAME OF CEMETERY OR CREMATORY Hall
24d. LOCATION (City, town, or county) Linn Creek (State) Mo

DATE REC'D BY LOCAL REG. 10-28-1955
REGISTRAR'S SIGNATURE Ella L. Hay
25. FUNERAL DIRECTOR'S SIGNATURE Bankson-Woolery ADDRESS Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

Received 11-7-55
Laclede County Health Unit
File No. 172
Date Filed 11-7-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. Hou

Licensed Embalmer No. 42

P. O. Address Lebano

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.