

FILED OCT 31 1955

STANDARD CERTIFICATE OF DEATH

341117

State File No.

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-JACKSON TWP.</u>		c. LENGTH OF STAY (In this place) <u>16 Mo.</u>		c. CITY OR TOWN <u>JACKSON TWP.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LONG REST HOME, RT. 2, PARIS</u>				STREET ADDRESS (If rural, give location) <u>RT 2, PARIS</u> 06400			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>BELL</u> c. (Last) <u>HESS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 26, 1955</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 8, 1877</u>		9. AGE (In years last birthday) <u>78</u>	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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LYONS, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. R. BELL</u>			13b. MOTHER'S MAIDEN NAME <u>MARY E. MAGOFFIN</u>		14. NAME OF HUSBAND OR WIFE <u>ERNEST C. HESS</u>		
15. 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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. GILBERT BRECKINRIDGE, ST. LOUIS, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhagic pneumonia</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac failure</u>						
	DUE TO (c) <u>hypertension and 4201</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis of coronary vessels</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) (Minute)		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>Sept</u> , 19 <u>55</u> , to <u>Oct 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 26</u> , 19 <u>55</u> , and that death occurred at <u>11:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Ellis S. ...</u>				23b. ADDRESS <u>PARIS, Mo.</u>		23c. DATE SIGNED <u>10-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 29/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SHRONTZ CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MOMENCE, ILLINOIS.</u>		
DATE REC'D BY LOCAL REG. <u>10-27-55</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnett, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....*E. H. Gray*.....

Licensed Embalmer No. 400

P. O. Address. PARIS, MISSOURI

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.