

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED DEC 5 1955**

State File No. **37596**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **4269** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Newton</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Seneca</b>		c. CITY OR TOWN <b>Seneca</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 mos.</b>		e. STREET ADDRESS (If rural, give location) <b>8730</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Cynthia</b> b. (Middle) <b>Ann</b> c. (Last) <b>Hesser</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 23 1955</b>		
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Wid.</b>	<b>8. DATE OF BIRTH</b> <b>July 17 1867</b>		<b>9. AGE</b> (In years last birthday) <b>88</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>—</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Racine, Mo.</b>	
<b>13a. FATHER'S NAME</b> <b>Solomon Burkhardt</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Caroline</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Henry Hesser</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Carl Daniels, Rt. 1, Neosho, Mo.</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Carl Daniels, Rt. 1, Neosho, Mo.</b>	

<b>13a. FATHER'S NAME</b> <b>Solomon Burkhardt</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Caroline</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Henry Hesser</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Carl Daniels, Rt. 1, Neosho, Mo.</b>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 months</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial failure</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ventricular block</b> DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>4330</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Sept 15, 1955, to Nov. 23, 1955, that I last saw the deceased alive on Nov 21, 1955, and that death occurred at 11:30 AM., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>John B. Roberts</b>		<b>23b. ADDRESS</b> <b>Seneca Mo.</b>		<b>23c. DATE SIGNED</b> <b>11/26/55</b>
<b>24a. BURIAL, CREMATION REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>11-25-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Burkhardt Cem.</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Racine, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>11/26-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Irene Russell</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. B. ...</b>	
		<b>ADDRESS</b> <b>Seneca Mo</b>		

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

No. 300  
10-48

NEWTON

UNIVERSITY

NEWBOLD, MISSOURI

**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.....  
*W. E. Dadd*

Licensed Embalmer No. *217*

P. O. Address *Seneca*

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.