

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27932

State File No.

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 231

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| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits write RURAL and give township) <u>Moberly</u> | c. LENGTH OF STAY (In this place) <u>7 days</u> | c. CITY OR TOWN <u>Moberly</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>214 Hinton Street</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>ESRY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19-1956</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec 9-1874</u> | 9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Trucker</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jacksonville Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>James Esry</u> | 13b. MOTHER'S MAIDEN NAME <u>Luticia Ballard</u> | 14. NAME OF HUSBAND OR WIFE <u>Grace Esry</u> |
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| 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. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Esry</u> | ADDRESS <u>Moberly Mo.</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>UNKNOWN</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Branchial Asthma</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 1953, 19 , to Aug 19, 1956, that I last saw the deceased alive on Aug 18, 1956, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>M. C. Espley D.O.</u> | (Degree or title) | 23b. ADDRESS <u>Huntsville Mo</u> | 23c. DATE SIGNED <u>8-20-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug 21-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Aug 21-56</u> | REGISTRAR'S SIGNATURE <u>Leah Wilson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home</u> | ADDRESS <u>Moberly Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

269.

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 *Jerry R. Carter*
Licensed Embalmer No. *4906*

P. O. Address *Woburn, M.*

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.