FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2408

Registration District No. 294 Primary Registration District No. 6008 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY RANDOLPH
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PRAIRIE TWP — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY RANDOLPH
c. CITY OR TOWN 080 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS Prairie Twp. (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JUDITH Middle ANN Last HESS
4. DATE OF DEATH Month Jan. Day 29th Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 4-15th-54
9. AGE (In years last birthday) 2 — 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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) O Mo
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Earl Hess
14. MOTHER'S MAIDEN NAME Flossie Stevenson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Earl Hess Address RFD Renick, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Consumed in flames — INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 9160
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 16 — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) While another member of family was working on a Motor spark ignited gasoline burning home
20c. TIME OF INJURY Hour 6:30 a.m. p.m. Month, Day, Year 1-29-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm home
20f. CITY, TOWN, OR LOCATION Prairie Twp. COUNTY Randolph STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 6:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Guy S. Jolly (Degree or title) D.O. Coroner
22b. ADDRESS Moberly Missouri
22c. DATE SIGNED 1-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-31st-57
23c. NAME OF CEMETERY OR CREMATORY Oakland
23d. LOCATION (City, town, or county) Moberly, Mo (State)

24. FUNERAL DIRECTOR Mahan and Son ADDRESS Moberly, Mo.
25. DATE RECD. BY LOCAL REG. 1-31-57
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must be only related. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

Field for signature

STATEMENT BY LICENSED EMBALMER

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

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

Not embalmed

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond F. Ho Eman

Licensed Embalmer No. 42

P. O. Address Moberly

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