

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7815**

FILED MAR 28 1957

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 3007		Registrar's No. 245	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden, Missouri - Anderson TWP.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Poplar Bluff Hospital				d. STREET ADDRESS (If rural, give location) 0720			
3. NAME OF DECEASED (Type or Print) a. (First) BESSIS		b. (Middle) ALICE		c. (Last) WALTON		4. DATE OF DEATH (Month) (Day) (Year) 3 7 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-22-1907	
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Campbell, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry M. Vessell		13b. MOTHER'S MAIDEN NAME Nora A. Keen		14. NAME OF HUSBAND OR WIFE Ezra Walton Malden Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ezra Walton Malden, Missouri Rte #1			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma stomach w/ extensive metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Extensive metastases DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 2-26-57		19b. MAJOR FINDINGS OF OPERATION as above				20. AUTOPSY? X 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) 151X			
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?			
22. I hereby certify that I attended the deceased from 2-19, 1952 , to 3-7, 1952 , that I last saw the deceased alive on 3-7, 1952 , and that death occurred at 1:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harden A. Erickson, M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 3-19-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-10-1957		24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery		24d. LOCATION (City, town, or county) (State) Near Clarkton, Mo.	
DATE REC'D BY LOCAL REG. 3/26/57		REGISTRAR'S SIGNATURE W. H. Mueller		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell Liggott, Ark.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

48

RECEIVED

MAR 25 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____
Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509-ark

P. O. Address Piggott, Ark.

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 this body is not embalmed, fact should be so stated above.