Health, Welfare Public Service

300 3
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 6 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 25131

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: DeSoto, Mo — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A. — Length of stay in 1b: None

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Washington
c. CITY OR TOWN: Richwoods — Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): Route #1 — Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First: ELIZABETH Middle: (None) Last: MESSEX
4. DATE OF DEATH: Month: July Day: 19 Year: 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb 28 1910
9. AGE (In years last birthday): 47 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (City and state or country): Bunbering Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM HEADS
14. MOTHER'S MAIDEN NAME: MAGGIE CANE
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.: None
17. INFORMANT: FRANK MESSEX Address: Richwoods, 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): Anaphylactic Shock due to wasp sting — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 9270
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 22
19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour 6:30 p.m. Month, Day, Year 7-19-57
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: Richwoods COUNTY: Washington STATE: Mo

21. I attended the deceased from Inquest, 19 1957 to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James C. Fitzhugh (Degree or title) D.C. Coroner
22b. ADDRESS: Festus Mo
22c. DATE SIGNED: 7/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/22/57
23c. NAME OF CEMETERY OR CREMATORY: Hornine Cemetery
23d. LOCATION (City, town, or county): Richwoods (State): Mo
24. FUNERAL DIRECTOR: MAHN Funeral Home ADDRESS: DeSoto, Mo
25. DATE RECD. BY LOCAL REG.: July 23-1957
26. REGISTRAR'S SIGNATURE: Marie Farrier

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
JUL 27 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gerald J. [illegible]

Licensed Embalmer No. 49

P. O. Address De Soto

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.