Health, & Welfare Public Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

53922-58

58-020622
STATE FILE NUMBER

FILED JUN 6 1958 Registration District No. 328 Primary Registration District No. 6118 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN Sylvania Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi S.W. Chaffee, Mo — Length of stay in 1b Enroute to Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN Chaffee 1000 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R.F.D. # 3 (If outside, give location) — Reside on Farm Yes ☒ No ☐

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3. NAME OF DECEASED (Type or print) First: Danny Middle: Dale Last: Hess

4. DATE OF DEATH Month Day Year: May 28, 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH: July 18, 1957
9. AGE (In years last birthday): — IF UNDER 1 YEAR Months: 10 Days: 10 — 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): Chaffee, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Donald Farris
13b. MOTHER'S MAIDEN NAME: Brenda Joyce Hess
14. NAME OF HUSBAND OR WIFE: —

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: Brenda Joyce Hess — Address: RFD #3 Chaffee, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Lobar pneumonia	1 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	pertussis	3 mo.
DUE TO (c)	0561	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): malnutrition

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 18, 1957, to Feb 1, 1958 and last saw her/him alive on Feb 1, 1958
Death occurred at Approx. 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. H. Hehmeyer DO 2
22b. ADDRESS: Chaffee, Missouri
22c. DATE SIGNED: 5/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 29, 1958
23c. NAME OF CEMETERY OR CREMATORY: Williams Cemetery
23d. LOCATION (City, town, or county) (State): Perkins, Missouri

24. FUNERAL DIRECTOR: Bisplinghoff Funeral Home — ADDRESS: Chaffee, Mo
25. DATE REC'D BY LOCAL REG.: May 31-1958
26. REGISTRAR'S SIGNATURE: Mrs Fred Bisplinghoff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4-20

D 5-2-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 558-127

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 Jack I. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

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.