

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022729

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 254

Primary Registration District No. 4386

Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Thayer		c. CITY OR TOWN Thayer	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS 615	
3. NAME OF DECEASED (Type or print) First Amanda Middle Ellar Last Essary		4. DATE OF DEATH Month June Day 3 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug, 30, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Fulton County, Kentucky
13a. FATHER'S NAME William Robertson		13b. MOTHER'S MAIDEN NAME Sarah (Unknown)	14. NAME OF HUSBAND OR WIFE David Newton Essary
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Dan Hackett, Sr., Thayer, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion			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) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-1-58 to 6-3-58 and last saw her alive on 6-3-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arwalper (Degree or title) MD		22b. ADDRESS Mammoth Spring, Ark	
22c. DATE SIGNED 6-11-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-6-1958	23c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	23d. LOCATION (City, town, or county) (State) Thayer, Missouri
24. FUNERAL DIRECTOR Edward Carter ADDRESS Thayer, Mo		25. DATE RECD. BY LOCAL REG. 6-13-58	26. REGISTRAR'S SIGNATURE Arthur Wolff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 13 1958

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 *Edward Carter*

Licensed Embalmer No. *4576*
P. O. Address *Thayer St*

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.