

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024910

STATE FILE NUMBER

FILED JUL 23 1958 Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY CLARK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLARK	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Kahoka Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kahoka, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Frederick Edward Hess First Middle Last			4. DATE OF DEATH July 15th 1958 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 4th 1875 83		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reti red Farmer		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Near Kahoka, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME SIMON HESS			14. MOTHER'S MAIDEN NAME Marie Vogt		
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. <input checked="" type="checkbox"/>	17. INFORMANT Edward Hess Kahoka, Missouri Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis Weather Exposure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Weather Exposure DUE TO (c) 4222		INTERVAL BETWEEN ONSET AND DEATH
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"/> 2

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 Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **1957** to **July 15th 1958** and last saw **her** alive on **July 10 58**
Death occurred at **home** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **L. R. Bridger M.D.** (Degree or title) 22b. ADDRESS **Kahoka Mo** 22c. DATE SIGNED **7/19-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **7/17th 58** 23c. NAME OF CEMETERY OR CREMATORY **St Paul Cemetary** 23d. LOCATION (City, town, or county) (State) **Kahoka, Missouri**

24. FUNERAL DIRECTOR **Fred J. Karle** ADDRESS **Kahoka, Mo** 25. DATE RECD. BY LOCAL REG. **7/19-1958** 26. REGISTRAR'S SIGNATURE **L. R. Bridger**

Health, Welfare Public Service
230
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 causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Fred J. Karle*.....

Licensed Embalmer No. *100*

P. O. Address *Kalate*

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.