Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008048
STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN Slater — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 221 N. Elm St. — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Slater 0771 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 221 N. Elm St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Flossie Middle None Last Hess
4. DATE OF DEATH: Month March Day 7 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: April 20, 1901
9. AGE (In years last birthday): 57 — 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): Sewing Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY: Garment Fact.
11. BIRTHPLACE (City and state or country): Cambridge, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Henry Peel
13b. MOTHER'S MAIDEN NAME: Dane Decker
14. NAME OF HUSBAND OR WIFE: Elmer Hess
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. 495-07-5395
17. INFORMANT: Mr. Elmer Hess Address: Slater, Missouri

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) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1810
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 3-6-59, to 3-7-59 and last saw her/him alive on 3-7-59.
Death occurred at 6:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jr. Nelson Owens (Degree or title) M.D.
22b. ADDRESS: 313½ N. Main Slater Mo.
22c. DATE SIGNED: 3-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 9, 1959
23c. NAME OF CEMETERY OR CREMATORY: Slater City Cemetery
23d. LOCATION (City, town, or county) (State): Slater Missouri

24. FUNERAL DIRECTOR: Walter J. Haines Jr. ADDRESS: Slater, Mo.
25. DATE RECD. BY LOCAL REG.: 3/7/59
26. REGISTRAR'S SIGNATURE: Mrs. E. C. Metz

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 .....

Licensed Embalmer No. 4557

P. O. Address .....

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.