

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008096
STATE FILE NUMBER

FILED FEB 20 1959

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 27

300
-573

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott County		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Charleston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 mi North Hy 61		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) RFD#2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Robert Eddie Hesselrode			4. DATE OF DEATH Month Day Year Feb. 2, 1959		
5. SEX Male	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 3/20/1884	9. AGE (In years birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Fort Smith, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Eli Hesselrode		13b. MOTHER'S MAIDEN NAME Georgia Stine		14. NAME OF HUSBAND OR WIFE Arminta Hesselrode (dec'd)	
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. 199 20 8806		17. INFORMANT George Hesselrode, Charleston, Mo. Address RFD#2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck (Coroner's case)					INTERVAL BETWEEN ONSET AND DEATH 0
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Car-Truck Accident. Car Truck hit tree.			
20c. TIME OF INJURY 6:30 a.m. Feb. 2, 1959					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 8 Mi. North of Sikeston-Hwy. 61		20f. CITY, TOWN, OR LOCATION COUNTY STATE Rural Scott Mo	
21. I attended the deceased from First Call , to after Death and last saw ^{her} _{him} alive on _____ Death occurred at 6:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Thelma C. Buehler, M.D. Health Officer			22b. ADDRESS Benton, Mo		22c. DATE SIGNED 2-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/4/1959		23c. NAME OF CEMETERY OR CREMATORY IOOF Charleston	
				23d. LOCATION (City, town, or county) (State) Charleston, Mo.	
24. FUNERAL DIRECTOR THE NUNNELLE FUNERAL CHAPEL		25. DATE RECD. BY LOCAL REG. 2-13-59		26. REGISTRAR'S SIGNATURE Miss Edla Hunter	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

CO. FILE No. 259-4

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 *John D. Furnelle*
Licensed Embalmer No. 3857
P. O. Address *Charleston*

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.