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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009049

FILED APR 6 1959 Registration District No. 128 Primary Registration District No. 2000 STATE FILE NUMBER Registrar's No. 307A

1. PLACE OF DEATH
a. COUNTY: GREEN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): SPRINGFIELD — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BURGE HOSPITAL — Length of stay in 1b: 4DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: WRIGHT
c. CITY OR TOWN: HARTVILLE 1140 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): NORHT EAST OF HARTVILLE — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: BERTHA Middle: MAY Last: ESRY

4. DATE OF DEATH Month: MARCH Day: 20 Year: 1959

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/19/1879
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 10, Days 1 — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): HOLTON, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ELJAH MUSGROVE
13b. MOTHER'S MAIDEN NAME: MARGARET STEELE
14. NAME OF HUSBAND OR WIFE: WILLIAM ESRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NO
17. INFORMANT: BURGE HOSPITAL Address: SPRINGFIELD, MO.

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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 13 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis generalized — 10 yrs.
DUE TO (c): 332X
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 [ ] 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 3-17-59, to 3-19-59 and last saw her/him alive on 3-19-59
Death occurred at 3:25 A.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul C Murta (Degree or title): M.D.
22b. ADDRESS: 1630 N Jefferson Springfield, Mo.
22c. DATE SIGNED: 3.31.59.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3/24/1959
23c. NAME OF CEMETERY OR CREMATORY: HOLTON CEMETERY
23d. LOCATION (City, town, or county) (State): HOLTON KANSAS

24. FUNERAL DIRECTOR: Simpson Fith ADDRESS: HARTVILLE, MISSOURI
25. DATE RECD. BY LOCAL REG.: 4-1-59
26. REGISTRAR'S SIGNATURE: Effie B. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3848

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.