

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020560
STATE FILE NUMBER

FILED JUL 6 1959

Registration District No. 43 Primary Registration District No. _____ Registrar's No. 287

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fisk		c. CITY OR TOWN Fisk	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In Fisk		d. STREET ADDRESS (If outside, give location) 9 Mo	
3. NAME OF DECEASED (Type or print) First Alice Middle Hesselrode Last Hesselrode		4. DATE OF DEATH Month 5 Day 24 Year 59	
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 7-23-1871
9a. USUAL OCCUPATION (Give kind of work done during life or if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during life or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	10. IF UNDER 1 YEAR 10 Days IF UNDER 24 HRS. Hours 1 Min.
11a. FATHER'S NAME		11b. MOTHER'S MAIDEN NAME	11. BIRTHPLACE (City and state or country) Tenn.
12a. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Widowed	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give year or dates of service) No		16. SOCIAL SECURITY NO. -----	17. INFORMANT Alice Shain, Fisk, Mo. 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) Coronary Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 5-23-1959
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) 4201			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. _____			
20d. INJURY OCCURRED WHILE AT <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 5-23-1959 to 5-25-1959 and last saw her alive on 5-24-1959 Death occurred at 5-24-1959 7:30 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. C. G. White (Degree or title)		22b. ADDRESS 217 Oak St. P.O. Box 5 Fisk, Mo.	22c. DATE SIGNED 5-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or County) (State)
Burial	5-25-59	Ash Hill	Butler, Co. Mo.
24. FUNERAL DIRECTOR J. C. G. White ADDRESS Fisk, Mo.		25. DATE RECD. BY LOCAL REG. 6/27/59	26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Raymond L. Duffer*

Licensed Embalmer No. *4798*

P. O. Address *Berme, Mo*

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.