

FILED JUL 13 1959

STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 5805 Registrar's No. 23

| | | | | | | | | | | |
|--|--|---|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>MONROE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u> | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON</u> | | Length of stay in 1b <u>2 HOURS</u> | | c. CITY OR TOWN <u>PARIS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 MI. E OF PARIS</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>W. MONROE</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>EDITH</u> Middle <u>JO</u> Last <u>ESS</u> | | | | 4. DATE OF DEATH Month <u>JULY</u> Day <u>7</u> Year <u>1959</u> | | | | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>AUG 20 1942</u> | 9. AGE (last birthday) <u>16</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u> | IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (City and state or country) <u>MONROE COUNTY</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>GEORGE ADAM ESS</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARION SUSAN KREMBBS</u> | | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT <u>GEORGE ESS</u> | | | Address <u>W. MONROE ST PARIS, MO.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental Drowning</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| 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) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | | | | |
| 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.) <u>While swimming in farm pond.</u> | | | | | | | |
| 20c. TIME OF INJURY Hour <u>about 6:30</u> Month, Day, Year <u>July 7th 1959</u> | | | 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.) <u>Farm.</u> | | 20f. CITY, TOWN, OR LOCATION <u>Jefferson Township</u> | | COUNTY <u>Monroe</u> STATE <u>Missouri</u> | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>about 6:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Russell W. Hilson Coroner</u> | | | | 22b. ADDRESS <u>Monroe City, Missouri</u> | | | | 22c. DATE SIGNED <u>July 8th 59</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>7/9/1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u> | | | 23d. LOCATION (City, town, or county) <u>PARIS, MO.</u> | | | (State) | |
| 24. FUNERAL DIRECTOR <u>E. H. AGNEW</u> | | | ADDRESS <u>PARIS, MO.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>JULY 8, 1959</u> | | 26. REGISTRAR'S SIGNATURE <u>F. O. Barnett M.D.</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 1 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. W. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, M

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