URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 1959

59–034976
STATE FILE NUMBER

IENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY VERNON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON TOWNSHIP — Length of stay in 1b: 3 MONTHS, 30 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP. # 3 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY VERNON
c. CITY OR TOWN NEVADA — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 700 WEST, ARCH (If outside, give location) — Reside on Farm: [redacted] No ☐

3. NAME OF DECEASED (Type or print): First ESSIE Middle LEE Last HENRY
4. DATE OF DEATH: Month SEPT. Day 18. Year 1959
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: JUNE 25. 1881
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAID
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): VERNON CO. MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: JOSEPH HACKNEY
13b. MOTHER'S MAIDEN NAME: FLORENCE SMITH
14. NAME OF HUSBAND OR WIFE: JOHN HENRY
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.: 499-24-1415
17. INFORMANT: HOSP. RECORDS Address: ST. HOSP. # 3, NEVADA, 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) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 10 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALISE ATHEROSCLEROSIS — MANY YEARS
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. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 MAY 19. 1959, to SEPT. 18. 1959 and last saw her/him alive on SEPT. 18. 1959
Death occurred at 6:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE George Esker, M.D. (Degree or title)
22b. ADDRESS STATE HOSP. # 3, NEVADA, MO
22c. DATE SIGNED 9-18-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 9-21-59
23c. NAME OF CEMETERY OR CREMATORY NEWTON
23d. LOCATION (City, town, or county) (State): Vernon Co. Mo.
24. FUNERAL DIRECTOR Richard L. Skorten ADDRESS NEVADA MO.
25. DATE RECD. BY LOCAL REG. 9-26-1959
26. REGISTRAR'S SIGNATURE Anna S. Ferry

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lloyd C. McCord

Signature of Student Embalmer

Licensed Embalmer No. 4853

P. O. Address Nevada, M

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