

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022709
STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Dallas</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairgrove</u> Length of stay in 1b <u>20 yrs</u> c. FULL NAME OF (If NOT on hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>D</u> c. CITY OR TOWN <u>Fairgrove</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNA LUCILE HESLER</u>			4. DATE OF DEATH Month Day Year <u>May 28 1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec-11-1912</u>	9. AGE (last birthday) <u>47 yrs</u>	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) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and state or country) <u>Dallas Co. mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Arthur Hessler</u>		13b. MOTHER'S MAIDEN NAME <u>Maudie</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</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.	
17. INFORMANT <u>Maudie Hessler Fairgrove mo.</u>		17. 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) <u>Cerebral Hemorrhage (Apoplexy)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ?
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 <u>1955</u> to <u>5-28-60</u> and last saw her <u>her</u> alive on <u>5-27-60</u>		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

21a. SIGNATURE (Degree or title) <u>C.O. Hammon M.D.</u>		21b. ADDRESS <u>Buffalo Mo.</u>		21c. DATE SIGNED <u>6-1-60</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE <u>May 30, 1960</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Chapel</u>	
22d. FUNERAL DIRECTOR <u>L.B. Jones</u>		22e. ADDRESS <u>Buffalo, mo.</u>		22f. DATE RECD. BY LOCAL REG. <u>7/5/60</u>	
22g. REGISTRAR'S SIGNATURE <u>Mrs Vera Petree</u>		22h. LOCATION (City, town, or county) (State) <u>Dallas Co. mo.</u>			

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 me, Student Embalmer No. ✓

working under my personal supervision.

Student ✓
Signature of Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, N.Y.

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.