

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-037876

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 210

AMENDED

FILED NOV 6 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville | | Length of stay in 1b 2 days | c. CITY OR TOWN Maryville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 6 miles south Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First EARL Middle ESPEY Last ESPEY | | | 4. DATE OF DEATH Month 10 Day 26 Year 61 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/4/92 |
| 9a. AGE (last birthday) 68 | | 9b. IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | 9c. IF UNDER 24 HR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own account | 11. BIRTHPLACE (City and state or country) Maryville, Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Allison Espey | |
| 13b. MOTHER'S MAIDEN NAME Mina Shinabarger | | 14. NAME OF HUSBAND OR WIFE Sibyl Auten Espey | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 17. INFORMANT Address Charles Espey, Barnard, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Secondary Myocardial Infarct DUE TO (b) Acute Myocardial Infarct DUE TO (c) Coronary Artery Myocardial Ischemia | | | INTERVAL BETWEEN ONSET AND DEATH Sudden 9-23-61 Several years |
| 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 |
| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Sept 23/1961 to 10/26/61 and last saw him alive on 10-26-61 Death occurred at 2:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W.R. Jackson (Degree or title) M. D. | | 22b. ADDRESS Maryville, Missouri | 22c. DATE SIGNED 10-28-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 10/28/61 | 23c. NAME OF CEMETERY OR CREMATORY Miriam | 23d. LOCATION (City, town, or county) (State) Maryville, Missouri |
| 24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 10-28-61 | 26. REGISTRAR'S SIGNATURE Bess Holt |

ITEM NO. SHOULD READ

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville

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.