MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029646

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 40

FILED AUG 6 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

1	09.51
2	09.51
3	
4	0
5	2
6	
7	0
8	2
9	420.1
10	
11	
12	90-0
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: STE. GENEVIEVE — Length of stay in 1b: 42 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 740 N 4TH ST — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN: STE. GENEVIEVE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 740 N 4TH ST — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RICHARD Middle BERNARD Last VESSELL
4. DATE OF DEATH: Month July Day 29 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/28/83
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): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): PERRY CO. MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: MARTIN V. VESSELL
13b. MOTHER'S MAIDEN NAME: THERESA BIERK
14. NAME OF HUSBAND OR WIFE: MARY ANN ESSELMAN
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.:
17. INFORMANT: Mrs Clinton Thompson — Address: Dr. Genevieve Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE MYOCARDIAL INFARCTION	5 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	HYPERTENSIVE CARDIO VASCULAR DISEASE	18 MOS
DUE TO (c)	ESSENTIAL HYPERTENTION	3 YRS

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 3-26-60, to 7-29-62 and last saw her/him alive on 7-28-62
Death occurred at 7:45 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G H De Genova MD
22b. ADDRESS: Ste Genevieve, Mo
22c. DATE SIGNED: 7-30-62
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8/1/62
23c. NAME OF CEMETERY OR CREMATORY: VALLE SPRING
23d. LOCATION (City, town, or county) (State): STE GENEVIEVE MO
24. FUNERAL DIRECTOR — ADDRESS: Leo C. Basler Ste. Genevieve Mo
25. DATE RECD. BY LOCAL REG.: 30 July 1962
26. REGISTRAR'S SIGNATURE: George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

SEP 6 1962

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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve 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.