

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016792

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 11

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0640
2 0640
3
4 0
5 2
6
7 1
8 2
9 331X
10
11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

FILED APR 29 1963

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ewing, Mo. R.F.D. Length of stay in 1b 3 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Ewing Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) R.F.D. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Jacob Irving Hess
4. DATE OF DEATH Month Day Year April 12, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 7/31/87 9. AGE (last birthday) Months Days Hours Min. 75 0 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman 10b. KIND OF BUSINESS OR INDUSTRY Mfg. 11. BIRTHPLACE (City and state or country) Adams Co., Ill. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jacob Hess 13b. MOTHER'S MAIDEN NAME Amanda York 14. NAME OF HUSBAND OR WIFE Lizzie Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date) No 16. SOCIAL SECURITY NO. 0707 17. INFORMANT Address Merl Hess, Ewing, Mo.

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro Vascular Accident INTERVAL BETWEEN ONSET AND DEATH 2 weeks
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 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 July 1960 to 12 Apr 63 and last saw her/him alive on 10 Apr 63
Death occurred at P.O.A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Webb D.O. 22b. ADDRESS Lewis Hour, Mo 22c. DATE SIGNED 14 Apr 63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/15/63 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) Hannibal, Mo.

24. FUNERAL DIRECTOR ADDRESS Feaster-Garner, Philadelphia, Mo. 25. DATE RECD. BY LOCAL REG. 4-17-63 26. REGISTRAR'S SIGNATURE A. E. M. Lucht
By Viola Green, Deputy

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

Student _____
Signature of Student Embalmer

Signed Harold R. Garner

Licensed Embalmer No. 3720
P. O. Address Monroe City 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.