

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025183

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 47 STATE FILE NUMBER

FILED JUL 9 1963

VS 300
Rev. 4/59
1 0730
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DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN STELLA Length of stay in 1b 19 days
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION CARDWELL Memorial Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY McDONALD
c. CITY OR TOWN Anderson Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Box 261 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Bessie Dresser Chowning
4. DATE OF DEATH Month Day Year June 21 1963
5. SEX FEMALE 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-13-84 9. AGE (last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER 10b. KIND OF BUSINESS OR INDUSTRY TEACHING 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME J. A. Dresser 13b. MOTHER'S MAIDEN NAME HENRIETTA DOLLAR 14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of NO) 16. SOCIAL SECURITY NO. 17. INFORMANT Address C. E. Pearson Lubbock, Texas

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Decomposition 1 week
DUE TO (b) Previous infarction.
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephritic shutdown & beginning uremia
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 June 9-63 to June 21/63 and last saw her alive on June 21/63
Death occurred at 4:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. D. Mountain DO 22b. ADDRESS noel nw 22c. DATE SIGNED 6-25

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-24-63 23c. NAME OF CEMETERY OR CREMATORY Anderson 23d. LOCATION (City, town, or county) (State) Anderson Mo.

24. FUNERAL DIRECTOR ADDRESS Roller Funeral Home Anderson, Mo 25. DATE RECD. BY LOCAL REG. 7-1-63 26. REGISTRAR'S SIGNATURE Mildred Moderly

USE BLACK INK OR TYPEWRITER RIBBON

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

Robert C. Rolfe

Licensed Embalmer No.

5062

P. O. Address

Andover, Ma

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.