

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

278863

FILED AUG 27 1949

1003 State File No. _____
Registrar's No. 2335

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 2335																	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard 103																					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 75 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leora 0																			
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital (1)				d. STREET ADDRESS (If rural, give location) W.R. 1																					
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) _____			c. (Last) Bess			4. DATE OF DEATH (Month) (Day) (Year) August 21, 1949																
5. SEX Male (A)		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1		8. DATE OF BIRTH August 4, 1875		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri (1)				12. CITIZEN OF WHAT COUNTRY? U.S.A.															
13a. FATHER'S NAME (Bess, Lawson)				13b. MOTHER'S MAIDEN NAME (Dodge, Amanda)				14. NAME OF HUSBAND OR WIFE Napier, Nora																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Floyd Morgan - Advance, Mo								ADDRESS _____													
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____												ANTECEDENT CAUSES													
DUE TO (b) _____												DUE TO (c) Intracranial bleeding												20 hrs	
II. OTHER SIGNIFICANT CONDITIONS												Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION 8-19-49				19b. MAJOR FINDINGS OF OPERATION Large tumor pituitary gland								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>													
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 552																	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 1957																	
22. I hereby certify that I attended the deceased from 8-14, 1949 to 8-21, 1949 , that I last saw the deceased alive on _____, 19____, and that death occurred at 2:40 p.m., from the causes and on the date stated above.																									
23a. SIGNATURE Floyd Morgan (Degree or title) _____						23b. ADDRESS 1325 South Grand,						23c. DATE SIGNED 8-22-49													
24a. BURIAL, CREMATION, REMOVAL (Specify) burial				24b. DATE 8-21-49		24c. NAME OF CEMETERY OR CREMATORY Advance				24d. LOCATION (City, town, or county) (State) no															
DATE REC'D BY LOCAL REG. AUG 23 1949				REGISTRAR'S SIGNATURE J. Blanton				25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.				ADDRESS 1154 Manchester Ave. St. Louis 10, Mo.													

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5882

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
Student Embalmer

Signed

Law M. Simpson

Licensed Embalmer No.

4343

P. O. Address

St. Louis 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 this body is not embalmed, fact should be so stated above.