

37024

STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1949

State File No. 257

No. 300
10.48

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

42
0
8

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>URICH</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>URICH</u>		
c. LENGTH OF STAY (in this place) <u>40 YRS</u>			d. STREET ADDRESS (If rural, give location) <u>AT HOME</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>URICH, Mo. AT HOME</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 17-49</u>		
3. NAME OF DECEASED (Type or Print) (First) <u>Elwood</u>		(Middle) <u>Elmer</u>		(Last) <u>Hesson</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>May 19, 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> farming </u>		10b. KIND OF BUSINESS OR INDUSTRY <u> Farming </u>	11. BIRTHPLACE (State or foreign country) <u>Lancaster Co Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Hesson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Caldwell</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Hesson</u> ADDRESS <u>Urich Mo.</u>	
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		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene, left foot & leg</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		
ANCECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic neuropathy, Hemorrhage?</u>			DUE TO (c) <u>Paralysis Left Side</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>3 yrs</u> <u>331X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 13, 1949</u> to <u>Nov. 16, 1949</u> that I last saw the deceased alive on <u>Nov. 16, 1949</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. G. M. Darnall M.D.</u>			23b. ADDRESS <u>Urich Mo</u>		23c. DATE SIGNED <u>11-17-49</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White oak</u>		24d. LOCATION (City, town, or county) (State) <u>Urich, Mo. Henry</u>
DATE REC'D BY LOCAL REG <u>Nov-18-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u> ADDRESS <u>Urich Mo.</u>	

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1385

Date Filed 11-21-49

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 R. B. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.