

S. No. 300
10.48

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43945

State File No.

BIRTH NO. REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6118 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sylvania</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Benton</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Oran, Missouri</u>			

3. NAME OF DECEASED (Type or Print) <u>Crescentia</u>			a. (First) <u>Essner</u>			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>12 22 49</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4-15-1863</u>			9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Days		IF UNDER 1 Hrs. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Valentine Scherer</u>			13b. MOTHER'S MAIDEN NAME <u>Veronica Heisserer</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Essner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leo Schlitt</u> ADDRESS <u>Oran, Missouri</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vascular Hypertension</u>						<u>4214</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) (Min.)		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 _____, 1948, to 12/22, 1949, that I last saw the deceased alive on Nov, 1949, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. A. Cline M.D.</u>		23b. ADDRESS <u>Oran, Missouri</u>		23c. DATE SIGNED <u>12/23/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Dennis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Jan. 3-1950</u>		REGISTRAR'S SIGNATURE <u>J. B. MacCready</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl G. Smith</u> ADDRESS <u>Oran, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 13 1950
District Health Office No. 2,
District File Number 150-36
Date Filed _____

DEC 13 1950

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, XXX

working under my personal supervision.

Student Embalmer No.

Signed Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oran, Missouri

Signed.....
Student Embalmer

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.