

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17725

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN Rolla		c. CITY OR TOWN Sullivan	
c. LENGTH OF STAY (in this place) 9 days		d. STREET ADDRESS None	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home			

3. NAME OF DECEASED (Type or Print) Charles	a. (First)	b. (Middle) A.	c. (Last) Essman	4. DATE OF DEATH (Month) May (Day) 15 (Year) 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH March 12, 1977	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 3	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Essman	13b. MOTHER'S MAIDEN NAME Hobach	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Hospital Records	ADDRESS
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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) Chronic Interstitial Nephritis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 7, 1950, to May 15, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 3:31 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Henry McFarland</i> (Degree or title) M.D.	23b. ADDRESS Rolla, Mo.	23c. DATE SIGNED 5/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 17, 1950	24c. NAME OF CEMETERY OR CREMATORY F.O.O.F SULLIVAN	24d. LOCATION (City, town, or county) (State) SULLIVAN, MO.
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DATE REC'D. BY LOCAL REG. 6-10-50	REGISTRAR'S SIGNATURE Nadine L. Stoeckel	380	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Wheaton Sullivan, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5812
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1361
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592X

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed June 10, 1950

JUN 12 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edgar W. Faphoon

Licensed Embalmer No. 3394

P. O. Address Mullivan 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.