

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32446**BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **390**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BENTON	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CAPE OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) BENTON	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) OTTO	b. (Middle) JOSEPH	c. (Last) ESSNER	(Month) (Day) (Year) OCTOBER 10 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 4 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FILLING STATION		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ANDREW ESSNER		13b. MOTHER'S MAIDEN NAME JOSEPHINE DANNENMUELLEH	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 494-38-5729		17. INFORMANT'S SIGNATURE OR NAME ROMAN RESSEL	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL FAILURE. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIAC DECOMPENSATION HEPATIC CIRRHOSIS DUE TO (c) CARDIAC VALVULAR DISEASE. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. LUENC AORTITIS, PROSTATIS	
18. CAUSE OF DEATH Interval between onset and death 4-6 MOS		19. MEDICAL CERTIFICATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343B	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from MAY , 1955, to OCT 10 , 1955, that I last saw the deceased alive on OCT 10 , 1955, and that death occurred at 4:45A m., from the causes and on the date stated above.	
23a. SIGNATURE Richard B. Coon		23b. ADDRESS D.O. 213 S. SPRIGG	
23c. DATE SIGNED 10/12/55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE OCT. 12 1955		24c. NAME OF CEMETERY OR CREMATORY ST. DENIS CEMETERY	
24d. LOCATION (City, town, or county) (State) BENTON MO.		25. FUNERAL DIRECTOR'S SIGNATURE Earl J. Smith	
DATE REC'D BY LOCAL REG. 10-13-55		REGISTRAR'S SIGNATURE C. C. Sumner	
ADDRESS ORAN, MO.		ADDRESS ORAN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. *3676*

P. O. Address *Osaka Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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