

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36537

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1085

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Niangua township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u> b. (Middle) <u>Jane</u> c. (Last) <u>Essary</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30-1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>January 7-1940</u>	9. AGE (In years last birthday) <u>15</u>	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) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Webster County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George W. Essary</u>	13b. MOTHER'S MAIDEN NAME <u>Edith Vance</u>	14. NAME OF HUSBAND OR WIFE _____
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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>George W. Essary</u> ADDRESS - <u>Niangua, Missouri</u>
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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, asthma, 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) <u>Effuse Brain Softening Post-Traumatic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Contusion</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>11-27-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Subdural Hematoma</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ROAD</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Webster Co., Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-27-55</u> m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accident</u>
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22. I hereby certify that I attended the deceased from 11-27, 1955, to 11-29, 1955, that I last saw the deceased alive on 11-29, 1955, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. K. King M.D.</u>	23b. ADDRESS <u>609 Cherry Springfield, Mo.</u>	23c. DATE SIGNED <u>12-30-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Good Spring Cemetery</u>	24d. LOCATION (City, town, of county) (State) <u>Webster County, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-30-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Hanning</u> ADDRESS <u>Springfield, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1936

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 33

P. O. Address Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.