

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17490

State File No.

FILED JUN 13 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 214

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rev. John</u> b. (Middle) <u>Lee</u> c. (Last) <u>Presser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 20 - 1864</u>		9. AGE (In years last birthday) <u>91-6-11</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co. Harshaw, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Mr. Henry E. Presser</u>		13b. MOTHER'S MAIDEN NAME <u>Emily C. Riley</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Ada Mae Smythe Presser</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Presser - Esther, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithiasis chronic</u> DUE TO (c) <u>Infirmities of age</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>584x</u>		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 May 31, 1956, to June 1, 1956, that I last saw the deceased alive on June 1, 1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Theodore Paul, D.O.</u>		23b. ADDRESS <u>Flat River, Mo.</u>		23c. DATE SIGNED <u>6/4/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>June 3 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Boone, Tenn. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Esther Rudolph</u>			
DATE REC'D BY LOCAL REG. <u>6-4-56</u>		ADDRESS <u>303 Crane St. Flat River, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Albert Hood*.....

Licensed Embalmer No....27.

P. O. Address 303 Crown Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.