

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024546

STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>White Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Lincoln Rt 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>wife S.W. of Lincoln</u>			Length of stay in lb <u>30 days</u>	d. STREET ADDRESS <u>2 wife S.W. of Lincoln</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Jesse</u> First Middle Last				4. DATE OF DEATH <u>July 21 1958</u> Month Day Year			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 3, 1885</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>5</u> Days <u>18</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Benton county mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>William Hook</u>			14. MOTHER'S MAIDEN NAME <u>Anna Van Hoesier</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 Address <u>Edwin Hook Lincoln Rt 1</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Thrombotic Encephalomalacia</u>					<u>5 months</u>
		DUE TO (c) <u>Arteriosclerosis</u>		<u>332 X</u>			<u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>June 21, 1958 to 7/21/58</u> and last saw her alive on <u>7/20/58</u> Death occurred at <u>July 21, 1958 10:20 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. S. Salsbery MD</u>				22b. ADDRESS <u>Warsaw, Mo.</u>		22c. DATE SIGNED <u>7/22/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7/23/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cem</u>		23d. LOCATION (City, town, or county)		(State) <u>mo</u>	
24. FUNERAL DIRECTOR <u>Fred Davis & Son</u>			ADDRESS <u>Lincoln</u>	25. DATE RECD. BY LOCAL REG. <u>7/23/58</u>		26. REGISTRAR'S SIGNATURE <u>E. L. Eichhoff</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300-1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....
Richard D. Conn

Licensed Embalmer No. *470*

P. O. Address *Lipton,*

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.