

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 30 1959 53

59-039190

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3010 Registrar's No. 431

UNDECEASED

1. PLACE OF DEATH a. COUNTY <b>CAPE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CAPE GIRARDEAU</b>	Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>CHAFFEE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>401 S. MAIN ST.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>MARY</b> Last <b>ESSNER</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>20</b> Year <b>1959</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 26, 1883</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and state or country) <b>KEBSO, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>FLORIAN BESSEL</b>	13b. MOTHER'S MAIDEN NAME <b>MARY MESSMER</b>	14. NAME OF HUSBAND OR WIFE <b>THEODORE A. ESSNER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>RUSSELL ESSNER - CHAFFEE, MO.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Retroperitoneal Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs</b> <b>5 yrs</b>
DUE TO (b) <b>Abdominal Aneurysm</b>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	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 _____
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21. I attended the deceased from **11 40** **1956** to **Nov 20 1959** and last saw her alive on **Nov 20 1959**  
Death occurred at **11 40** **p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Harold Shidings MD</b>	22b. ADDRESS <b>Cape Girardeau MO</b>	22c. DATE SIGNED <b>11-23-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-23-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. AMBROSE CATHOLIC CEM. CHAFFEE, Missouri</b>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR ADDRESS <b>DISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>11-24-1959</b>	26. REGISTRAR'S SIGNATURE <b>Irma Kasten</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS: NOV 10 1980

DEC 22 1980

**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 Jack T. Burnett

Licensed Embalmer No. 4473

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