

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045546

FILED VS DEC 19 1960

82

Primary Registration District No. 3017

Registrar's No. 182

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cooper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Length of stay in 1b 2 days		c. CITY OR TOWN Blackwater		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Resthaven			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle BERNARD Last ESSER				4. DATE OF DEATH Month December Day 13 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/29/93	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (City and state or country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph H. Esser			13b. MOTHER'S MAIDEN NAME Anna Schuster		14. NAME OF HUSBAND OR WIFE Alpha Cross Esser		
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. unknown	17. INFORMANT Address Mrs Joseph Esser- Blackwater, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonitis - aspiration both lobes Secondary to CVA & hemiplegia, it Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 						INTERVAL BETWEEN ONSET AND DEATH 18 hours 36 days	
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 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 a.m. p.m. 	Month, Day, Year 						
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 9-11-57 to 12-10-60 and last saw him ^{X-ray} alive on 12-10-60				Death occurred at 10:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William A. Abel, MD			22b. ADDRESS 329 Main St., Boonville, Mo.			22c. DATE SIGNED 12-14-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Dec. 16, 1960	23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.		23d. LOCATION (City, town, or county) Boonville, Mo.		(State)	
24. FUNERAL DIRECTOR B. W. Thacher			ADDRESS Boonville, Mo.	25. DATE RECD. BY LOCAL REG. 12/14/60	26. REGISTRAR'S SIGNATURE Steffsoper		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1961

AUG 2 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Berry W. Shue

Licensed Embalmer No. 394

P.O. Address Coonville

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.