

No. 300
10.48

FILED-SEP 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27657**

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5053** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Shell Knob)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville	
c. LENGTH OF STAY (in this place) 4 day		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Esther b. (Middle) J. c. (Last) Writer			4. DATE OF DEATH (Month) (Day) (Year) 8-28-1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 3-31-1874			9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY home			11. BIRTHPLACE (City and State or Foreign Country) Marysville, Kansas		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Peter McMillen		13b. MOTHER'S MAIDEN NAME Esther unknown		14. NAME OF HUSBAND OR WIFE Charles Writer	
--	--	---	--	---	--

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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Powell-Cassville, Mo.	
--	--	-------------------------------	--	--	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Essential Hypertension		DUE TO (c) Hepatic Sclerosis		10 years 75 ✓	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 10, 1936** to **Aug 28, 1953**, that I last saw the deceased alive on **Aug 28, 1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. E. McDaniel (Degree or title)		23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 9-1-53	
--	--	------------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-30-1953		24c. NAME OF CEMETERY OR CREMATORY Sparks Cemetery		24d. LOCATION (City, town, or county) (State) Cassville, Missouri	
---	--	----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 9-8-1953		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul D. Henrich Cassville, Mo.	
--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

0050

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
Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.