

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 48034463 STATE FILE NUMBER

DO NOT WRITE ON THIS SUB

AMENDED

<b>FILED SEP 22 1964</b>		1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN <u>CAPE GIRARDEAU</u>		Length of stay in 1b <u>8 WKS.</u>		c. CITY OR TOWN <u>RURAL RTE 1 BENTON, MO</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>ST FRANCIS HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1/2 Mi East of N. HAMBURG</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY CATHERINE ESSNER</u>			4. DATE OF DEATH Month Day Year <u>Sept 12, 1964</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-21-1906</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state, or country) <u>Kelso, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Schaefer</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Schmitt</u>	
14. NAME OF HUSBAND OR WIFE <u>Nicholas Essner</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>		17. INFORMANT Address <u>Nicholas A. Essner Rt. 1 Benton, Mo</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>Carcinomatous</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of kidney</u> DUE TO (c) <u>—</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 and 9 mo</u>
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 checked="" 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>1958</u> to <u>12 Sep 64</u> and last saw <sup>her</sup> / <sub>him</sub> alive on <u>12 Sep 64</u> Death occurred at <u>3 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W. Washburn MD</u>		22b. ADDRESS <u>Cape Girardeau</u>		22c. DATE SIGNED <u>9-14-64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Sept 14, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Lawrence Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>New Hamburg, Mo</u>	
24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME</u>		ADDRESS <u>BENTON, MO</u>		25. DATE RECD. BY LOCAL REG. <u>9-17-64</u>	26. REGISTRAR'S SIGNATURE <u>Irene Kasten</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300
Rev. 4/59
1 <u>0168</u>
2 <u>1000</u>
3
4 <u>1</u>
5 <u>1</u>
6
7 <u>0</u>
8 <u>0</u>
9 <u>180x</u>
10
11
12 <u>2-0</u>
13 <u>1-0</u>

5200000

FEB 8 1965

SEP 23 1964

**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

*Oliver P. Amick*

Licensed Embalmer No. 4470

P. O. Address

*Illmo, 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.