THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006798
STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN Bonne Terre — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital * — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Francois
c. CITY OR TOWN Bonne Terre 0746 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: ERNEST Middle: LEE Last: BESS

4. DATE OF DEATH Month Day Year: Feb. 21, 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Aug 14 1911

9. AGE (In years last birthday) 47 — IF UNDER 1 YEAR: Months 6 Days 8 — IF UNDER 24 HRS.: 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 Farming

11. BIRTHPLACE (City and state or country) Bonne Terre, Mo

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Clarence Bess

13b. MOTHER'S MAIDEN NAME Bertha Clark

14. NAME OF HUSBAND OR WIFE Lela Irene Morris

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 Address: Mrs Ernest Bess Bonne Terre, 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) Infarction of myocardium. — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic coronary thrombosis.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 2/20/59 to 2/21/59 and last saw ~~her~~ him alive on 2/21/59
Death occurred at 11:35 pm the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) — **22b. ADDRESS** Bonne Terre, Mo. — **22c. DATE SIGNED** 2/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burail — **23b. DATE** 2-25-1959 — **23c. NAME OF CEMETERY OR CREMATORY** Marvin Chapel Cem. — **23d. LOCATION** (City, town, or county) (State) Bonne Terre, Mo.

24. FUNERAL DIRECTOR C. J. Boyer & Son — **ADDRESS** Bonne Terre Mo — **25. DATE RECD. BY LOCAL REG.** March 2, 1959 — **26. REGISTRAR'S SIGNATURE** Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OR MULLEN

VS DEC 2 1959

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 B. T. Boyer
B T Boyer
Licensed Embalmer No. # 3 6 6 0
P. O. Address Desloge, 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.