

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7663

17 of 20

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

BIRTH NO. _____		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>4080</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>Carroll</u> <u>Egypt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>		c. LENGTH OF STAY (in this place) <u>80</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne, Rural, RR. 2.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>608. South Walnut Street Norborne Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>Rout. 2.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Susan</u> c. (Last) <u>Kester.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>Dec. 5, 1864.</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>		11. BIRTHPLACE (State or foreign country) <u>Ray County Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Harry Showalter.</u>			13b. MOTHER'S MAIDEN NAME <u>Cynthia Ann Stratton</u>			14. NAME OF HUSBAND OR WIFE <u>Charley M. Kester.</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> <u>None.</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John A. Hoffmann</u> <u>Norborne, Mo. RR. 2</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis and myocardial degeneration.</u> INTERVAL BETWEEN ONSET AND DEATH <u>About 4 years</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis, diffuse</u> ? II. OTHER SIGNIFICANT CONDITIONS <u>Pernicious Anemia</u> ? Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>No operations.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>August 5, 1942</u> , to <u>March 25, 1949</u> , that I last saw the deceased alive on <u>March 25, 1949</u> , and that death occurred at <u>2:20 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ralph E. Haskell</u> <u>D. M. D.</u>				23b. ADDRESS <u>212 South Pine Street</u> <u>Norborne, Missouri</u>		23c. DATE SIGNED <u>March 28 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 29-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Provident Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne MO</u>		
DATE REC'D BY LOCAL REG. <u>Mar 28: 1949</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennistone</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John S. Dutch</u> <u>Norborne Mo.</u>				

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed 4-7-49

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 me

John G. Deitch Jr.

Student Embalmer No. 322

working under my personal supervision.

Student

John G. Deitch Jr.
Student Embalmer

Signed

John G. Deitch Jr.

Licensed Embalmer No. 3654

P. O. Address

Worborne 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.