No. 200
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9082

State File No.

BIRTH NO. REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5672 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Burr Oak
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 mile west Winfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Burr Oak Township
d. STREET ADDRESS (If rural, give location): 10 mile west Winfield

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): Henry
c. (Last): Lester

4. DATE OF DEATH (Month) (Day) (Year): April 1 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 16, 1901
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Moscow Mills, Missouri
12. CITIZEN OF WHAT COUNTRY?: usa
13a. FATHER'S NAME: O.H.Lester
13b. MOTHER'S MAIDEN NAME: Mattie Fisher
14. NAME OF HUSBAND OR WIFE: Hattie Belle(Overall) nee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-20-5471
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Earl Lester
ADDRESS: Winfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Heart Disease — 6 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 1, 1948 *to* Apr. 1, 1949, *that I last saw the deceased alive on* Mar. 28, 1949, *and that death occurred at* 3:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. T. Kelley (Degree or title) D.O
23b. ADDRESS: Winfield Mo
23c. DATE SIGNED: 4-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-3-49
24c. NAME OF CEMETERY OR CREMATORY: NEW SALEM
24d. LOCATION (City, town, or county) (State): LINCOLN COUNTY Mo.

DATE REC'D BY LOCAL REG.: 4-3-49
REGISTRAR'S SIGNATURE: O. C. Neuhart
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: ELSBERRY

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number APR 12 1949
Date Filed

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 [illegible]

Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.