

FILED JUL 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24168

State File No.

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PHIPS 81</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROLLA 2</u>	
c. LENGTH OF STAY (In this place) <u>5</u>		d. STREET ADDRESS (If rural, give location) <u>705 E. EAST 14 ST. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 SOUTH MAIN ST.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NORMA</u>	b. (Middle) <u>JEAN</u>	c. (Last) <u>LESTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 13 1949</u>
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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>AUGUST 18 1927</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>RAY L BALLARD</u>	13b. MOTHER'S MAIDEN NAME <u>VERNA HAGGARD</u>	14. NAME OF HUSBAND OR WIFE <u>HOWARD E. LESTER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Howard E Lester</u>	ADDRESS <u>Rolla Mo.</u>
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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.	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Cerebral Injury</u>		<u>About 25 min.</u>
	- ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		<u>38234</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chest Injury</u>		<u>32</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hwy 36</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shelby - Co - Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-13-49 About 11:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto run off road and down embankment</u>
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22. I hereby certify that I attended the deceased from July 13, 1949, to July 13, 1949, that I last saw the deceased alive on July 13, 1949, and that death occurred at 11:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold F. Ellis, D.O.</u>	23b. ADDRESS <u>Monroe City - Mo</u>	23c. DATE SIGNED <u>7-13-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 14, 1949</u>	REGISTRAR'S SIGNATURE <u>Chloe Little</u>	204	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SONS</u>	ADDRESS <u>MONROE CITY MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

I Russell M Wilson, Coroner, of Monroe County Mo, Certify

I made enquire in to the case of Norma June Lester, who died
Injures received in auto accident on Highway 36 west of Hummell
Shelby County July 13-1949. And that death was accidental, due to car
by Mrs. Verma Ballard who lost control of said automobile causing Cor to
said road and run over embankment the turning over, Mrs. Verma Ballard
to Norma June Lester.

Russell M Wilson Coroner
Monroe City Mo.

JUL 27 1949

RECEIVED JUL 1
District Health Officer
District File Number 249
Date Filed JUL 18 1949

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L Wilson
Licensed Embalmer No. 2014

P. O. Address Monroe City 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.