

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24186**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4352** Registrar's No. **30**

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|--|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Morgan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles | | c. LENGTH OF STAY (In this place) Lifetime | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | d. STREET ADDRESS (If rural, give location) | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) L. c. (Last) Hester | | | 4. DATE OF DEATH (Month) (Day) (Year) July 24, 1949 | | |
|---|--|--|--|--|--|

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|--------------------|-------------------------------|---|---------------------------------------|--|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 15, 1877 | | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 8 Days 9 | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|---------------------------------------|--|---|---|---|

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|--|--|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Morgan Co., Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John Hester | 13b. MOTHER'S MAIDEN NAME Melissia Letchworth | 14. NAME OF HUSBAND OR WIFE Celia Medows Hester |
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|--|-------------------------------------|--|--|
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME Roy Hester ADDRESS Versailles, Mo. | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH 10 1/2 yrs |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial sclerosis | DUE TO (b) | | | DUE TO (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. | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | DUE TO (b) |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | General hypertrophic arthritides | | | 4500 10 yrs |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 **about July 1939**, to **July 24, 1949**, that I last saw the deceased alive on **July 20, 1949**, and that death occurred at **12 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) A. J. Guarnon M.D. | 23b. ADDRESS Versailles Mo | 23c. DATE SIGNED 7/25/49 |
|--|-----------------------------------|---------------------------------|

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|---|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 26-49 | 24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery | 24d. LOCATION (City, town, or county) (State) Versailles, Mo. |
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| DATE REC'D BY LOCAL REG. July 30-1949 | REGISTRAR'S SIGNATURE J. L. Washburn ADDRESS 214 | 25. FUNERAL DIRECTOR'S SIGNATURE W. F. Hedwell ADDRESS Versailles, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 1-49-908
Date Filed 8-1-49

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed

Rene A. Paytram
Student Embalmer No.
Licensed Embalmer No. 4021
P. O. Address Wassila, 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.