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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38158
REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 96

FILED DEC 5 1949

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

1. PLACE OF DEATH a. COUNTY <u>Deming</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Deming</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canthessville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canthessville</u>	
c. LENGTH OF STAY (If this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Lou</u> c. (Last) <u>ESTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-24-1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec-10-1948</u>
9. AGE (In years last birthday) <u>11</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Frailly Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Isaac Ester</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Cerda</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jane Ester</u>		ADDRESS <u>Canthessville, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>measles (Type undetermined)</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Whooping cough</u> <u>1 year</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>17561</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
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) (Min.)		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>Nov 23, 1949</u> , to <u>Nov 24, 1949</u> , that I last saw the deceased alive on <u>Nov 23, 1949</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>P. C. Butler</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>M.D. Canthessville, Mo</u>	
23c. DATE SIGNED <u>11-28-1949</u>		24a. BURLIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kettle Prairie</u>	
24d. LOCATION (City, town, or county) (State) <u>Canthessville, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jessie B. Wilkes</u> ADDRESS <u>La Forge and C. Canthessville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-30-1949</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Wilkes</u>	

12-49-354

DEC 8 REC'D

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 ^{not}.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Noel C. Dean

Licensed Embalmer No. *3941*

P. O. Address.....

Canthamville, N.Y.

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.