No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3749

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4010 Registrar's No. 413

1. PLACE OF DEATH
a. COUNTY Andrew — Rea Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rea.
c. LENGTH OF STAY (in this place) 10 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rea 0020
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Minnie
b. (Middle) Alice
c. (Last) Lester

4. DATE OF DEATH (Month) (Day) (Year) 2.14.1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2.17.1887
9. AGE (In years last birthday) 62 — If under 1 year: Months 11 Days 28 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Same.
11. BIRTHPLACE (State or foreign country) Gentry Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm Coyle
13b. MOTHER'S MAIDEN NAME Malissie Johnson
14. NAME OF HUSBAND OR WIFE Craig V. Lester.

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. 495-05-9501
17. INFORMANT'S SIGNATURE OR NAME C.V.Lester ADDRESS Rea 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331X

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* Feb 1, 1950, *to* 2.14., 1950, *that I last saw the deceased alive on* 2.13, 1950, *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE E M Reynolds (Degree or title) MD
23b. ADDRESS Union Star Mo.
23c. DATE SIGNED 2.16.50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2.17.1950
24c. NAME OF CEMETERY OR CREMATORY Whitesville
24d. LOCATION (City, town, or county) (State) Whitesville Mo.

DATE REC'D BY LOCAL REG. 2-27-50
REGISTRAR'S SIGNATURE Lillian Sparks
25. FUNERAL DIRECTOR'S SIGNATURE R. G. Taggart ADDRESS King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 6 1980
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.

Signed R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City Mo.

Signed _____
Student Embalmer

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.