

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 108

142  
2

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place township) <u>11 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u> <u>0272</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1</u>		d. STREET ADDRESS (If rural, give location) <u>216 6th St</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARTHA</u>	b. (Middle)	c. (Last) <u>KESTERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1950</u>
-------------------------------------	--------------------------	-------------	----------------------------	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>24 Aug 1870</u>	9. AGE (In years last birthday) <u>76</u> # UNDER 1 YEAR Months <u>7</u> # UNDER 12 HRS. Days <u>10</u> Hours Min.
----------------------	-------------------------------	--	-------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Telephone operator</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Boonville</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Clark</u>	14. NAME OF HUSBAND OR WIFE
---------------------------------	--	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Clark</u>	16. SOCIAL SECURITY NO. <u>Clark</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u> ADDRESS <u>Fulton</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia, Bilat</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>		<u>490X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

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 <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 29 April, 1949, to 4 April, 1950, that I last saw the deceased alive on 4 April, 1950, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G.S. Waraich D. M.D.</u>	23b. ADDRESS <u>Fulton, Mo</u>	23c. DATE SIGNED <u>4 April 50</u>
--	--------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/4/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville Mo</u>
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>April 4-1950</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stegner</u> ADDRESS <u>Boonville Mo</u>
--	--	-----	---

-----District File Number-----

District Health Officer No. 9,

RECEIVED  
APR 10 1950

---

---

**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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.