

FILED JUL 8 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22490

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley
c. LENGTH OF STAY (in this place) 55 yrs.d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley 1030
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph b. (Middle) Edward c. (Last) Kestner
4. DATE OF DEATH (Month) (Day) (Year) June 27, 1950

5. SEX male 0 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH March 18, 1886 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saw mill worker 10b. KIND OF BUSINESS OR INDUSTRY saw milling 11. BIRTHPLACE (State or foreign country) Millshove, Ill. / 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry J. Kestner 13b. MOTHER'S MAIDEN NAME Mary Headley 14. NAME OF HUSBAND OR WIFE deceased

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. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Kestner Dudley, 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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension 2 year
DUE TO (c) Arteriosclerosis 33 1/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

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) (Minute) 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 June 12, 1950, to June 26, 1950, that I last saw the deceased alive on June 26, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. A. Pae 2 23b. ADDRESS Dexter, Mo. 23c. DATE SIGNED 6-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 6-29-50 24c. NAME OF CEMETERY OR CREMATORY Dudley cemetery 24d. LOCATION (City, town, or county) (State) Dudley, Mo.

DATE REC'D BY LOCAL REG. 6-29-50 REGISTRAR'S SIGNATURE Floyd Morgan 358 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.

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

1030

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.

Student
Student Embalmer

Signed

Walter Marsh Waters

Licensed Embalmer No. _____

4717

P. O. Address _____

Dexter, 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.