

FILED SEP 2 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 26947

3576

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>3576</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>30 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3198		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>715 JACKSON AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>715 JACKSON AVENUE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEFFERSON C.</u> b. (Middle) <u>JESTER</u> c. (Last) <u>JESTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-18-1950</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1891 SEPT 12 1950</u>		
9. AGE (In years last birthday) <u>58</u>		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DENTAL TECHNICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DENTISTRY</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>CHARLES JESTER</u>			13b. MOTHER'S MAIDEN NAME <u>AMELIA SCHMITT</u>		14. NAME OF HUSBAND OR WIFE <u>Ailene Faye Jester</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES. W.W.I</u>		16. SOCIAL SECURITY NO. <u>235-44-8315</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ailene Faye Jester 715 JACKSON, K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>42</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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Geo. G. Kealhofer</u> (Degree or title)				23b. ADDRESS <u>3447 Parkside JSC 2nd</u>		23c. DATE SIGNED <u>8-18-50</u>		
24a. BURIAL CREMATION (Specify)		24b. DATE <u>Aug 20 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-21-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. H. Newcomers Sons, K.C. Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 Embalmer No.....

Signed

Jess T. Deuss

Signed.....
Student Embalmer

Licensed Embalmer No. *446-3*

P. O. Address: *Kansas City*

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.