300
48

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32460

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6269 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: Webster-Ozark T.S.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshfield R-2, Mo
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshfield R-#2 Six miles South
d. STREET ADDRESS (If rural, give location): West of Marshfield, Mo. on Seymour Road 1120

3. NAME OF DECEASED (Type or Print)
a. (First): ROSA
b. (Middle): NELL
c. (Last): KESTERSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 12, 1876
9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pettis County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Neil McKnight
13b. MOTHER'S MAIDEN NAME: Lucinda Tracy
14. NAME OF HUSBAND OR WIFE: William Kesterson-Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: French Kesterson | ADDRESS: Marshfield, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hemiplegia Arteriosclerosis — 1 yr.
DUE TO (c) Sarcoma of distal end of rt. radius

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: Supp report
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* 8-9, 1950, *to* 9-17, 1950, *that I last saw the deceased alive on* 9/17, 1950, *and that death occurred at* 2:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): D.O.
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 9/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 19, 1950
24c. NAME OF CEMETERY OR CREMATORY: Welch
24d. LOCATION (City, town, or county) (State): Webster County, Mo.

DATE REC'D BY LOCAL REG.: 9/27/50
REGISTRAR'S SIGNATURE: J. L. Francis 392
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur Bruce | ADDRESS: Marshfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED SEP 30 1950
Dist. File 950-2013
Date Filed 9-30-50

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 Arthur Bruce

Licensed Embalmer No. 4728

P. O. Address Marshfield, 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.