

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33976

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5635 Registrar's No. 350

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Phillipsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Phillipsburg 0530</u>	
c. LENGTH OF STAY (in this place) <u>72 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Phillipsburg Rural</u>			
3. NAME OF DECEASED a. (First) <u>Jennie Ada</u> (Middle) _____ c. (Last) <u>Hester</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 18, 1877</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Dallas Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Joseph Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Adolide Pittman</u>	
14. NAME OF HUSBAND OR WIFE <u>W. O. Hester</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W. O. Hester</u>		ADDRESS <u>Phillipsburg 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>Angina</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Venous varicos</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>9-25, 1950</u> , to <u>9-30, 1950</u> , that I last saw the deceased alive on <u>9-30, 1950</u> , and that death occurred at <u>5:55 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. Lindsay</u> (Degree or title) _____		23b. ADDRESS <u>Cowway</u>	
23c. DATE SIGNED <u>10-3-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 3 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Twilight Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Cowway Laclede Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-10-1950</u>		REGISTRAR'S SIGNATURE <u>Hilda L. Day</u>	
FURNAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u>		ADDRESS <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

530
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Received OCT 14 1950

Laclede County Health Unit

File No. 10-50-157

Date Filed OCT 16 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.