

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11713

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 175

1. PLACE OF DEATH
 a. COUNTY Butler
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff
 c. LENGTH OF STAY (in this place) 25 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 608 Dewey

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
 a. STATE Missouri b. COUNTY Butler
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff
 d. STREET ADDRESS (If rural, give location) 608 Dewey

3. NAME OF DECEASED
 (Type or Print) a. (First) JAMES b. (Middle) ALBERT c. (Last) HESTER

4. DATE OF DEATH (Month) (Day) (Year) 4/18/1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4/1/1885

9. AGE (In years last birthday) 66
 IF UNDER 1 YEAR: Months 0 Days 17
 IF UNDER 1 MIN: Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Mississippi Co. Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Hester

13b. MOTHER'S MAIDEN NAME Mary Walton

14. NAME OF HUSBAND OR WIFE Nannie Hester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nannie Hester Poplar Bluff, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy - embolism
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis
 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 2 1/2 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4232

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 May, 1950, to 18 Apr, 1951, that I last saw the deceased alive on 17 Apr, 1951, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] MD

23b. ADDRESS Poplar Bluff, Missouri

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/19/1951

24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

DATE REC'D BY LOCAL REG April 23, 1951

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.

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

0124
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RECEIVED

MAY 2 - 1951

BUTLER CO. HEALTH CENTER

FILE No. 651-190

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

Joseph R. Matlock

Licensed Embalmer No. ~~651-190~~ 418

P. O. Address *Poplar Bluff, 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.