

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19539**

1230

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

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cotton Hill 0350	
c. LENGTH OF STAY (in this place) 5 Minutes		d. STREET ADDRESS (If rural, give location) 1 Mile S. Malden	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brandon Hospital			
3. NAME OF DECEASED a. (First) Micheal b. (Middle) Shane c. (Last) Hester			4. DATE OF DEATH (Month) (Day) (Year) June 21 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Oct 14, 1947
9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 48 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Malden, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Harold Hester		13b. MOTHER'S MAIDEN NAME Anna Schmidt	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME Harold Hester ADDRESS Malden, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture		INTERVAL BETWEEN ONSET AND DEATH 6-21-51	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto accident		6-21-51	
DUE TO (c)		68124	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		25	
Deceased ran across road in front of home and was hit by auto.			
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In front of home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Malden Dunklin Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 21, 1951 3:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Child ran across road and was hit by passing car.	
22. I hereby certify that I attended the deceased from D.O.A. , 19____, to _____, 19____, that I last saw the deceased alive on D.O.A. , 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. L. Brandon M.D.		23b. ADDRESS 1124 N. Main Poplar Bluff, Missouri	23c. DATE SIGNED 6-27-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 24	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Malden, Missouri
DATE REC'D BY LOCAL REG. 6-27-1951	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Day Funeral Home Malden, Mo. ADDRESS

RECEIVED

JUL 3 1951

BUTLER CO. HEALTH CENTER

FILE No. 751-245-

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

J. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.