

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29598

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>329</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY Butler		b. CITY (If outside corporate limits, write RURAL and give town or township) Poplar Bluff,		a. STATE Missouri		b. COUNTY Butler		
c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff, Mo.		d. STREET ADDRESS 707 N. Riverview		d. STREET ADDRESS 707 N. Riverview		
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 N. Riverview		d. FULL NAME OF HOSPITAL OR INSTITUTION 707 N. Riverview		d. FULL NAME OF HOSPITAL OR INSTITUTION 707 N. Riverview		d. FULL NAME OF HOSPITAL OR INSTITUTION 707 N. Riverview		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) JAMES			b. (Middle) ALBERT			c. (Last) HESTER		
4. DATE OF DEATH (Month) (Day) (Year) Aug. 26, 1951			5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 10, 1875		9. AGE (In years last birthday) 76		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		
11. BIRTHPLACE (State or foreign country) Bloomfield, Mo.		12. CITIZENSHIP OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Louis Hester		13b. MOTHER'S MAIDEN NAME Armentie Hester		
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Grover Beard, Poplar Bluff		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mysocarditis</u>		ANTECEDENT CAUSES				DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				4222		
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				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) m.		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 (Degree or title) Grover W. Green, coroner				23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 9/12-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 30 51		24c. NAME OF CEMETERY OR CREMATORY Link Cemtery		24d. LOCATION (City, town, or county) (State) Bloomfield, Mo. R. 1		
DATE REC'D BY LOCAL REG. 9-13-51		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Service, Dexter, Mo		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

0124

RECEIVED

SEP 18 1951

BUTLER CO. HEALTH CENTER

FILE No. 937-404

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 Walter Marsh Watters

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.