

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

36060

State File No. ....

FILED OCT 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6082 Registrar's No. 188

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (if outside corporate limits, write RURAL and give town) <b>Nelson</b>		c. LENGTH OF STAY (in this place) <b>72 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>Nelson, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hester Rebecca</b> b. (Middle) <b>Crosby</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 9, 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>12/15/78</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>72 09 24</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Charles Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Barnes</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Vernon Crosby, Nelson, Mo.</b>	

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) <b>Cerebral Hemorrhage</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension</b>			
				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS:		Conditions contributing to the death but not related to the disease or condition causing death.		<b>Semile Arterio-sclerosis</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>		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) <b>331X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Aug 10, 1951**, to **Oct 8, 1951**, that I last saw the deceased alive on **Oct 8, 1951**, and that death occurred at **9:25 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>P. L. Lawless M.D.</b>		23b. ADDRESS <b>M. P. Marshall St.</b>		23c. DATE SIGNED <b>10-10-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/13/51 (51)</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Nelson, Missouri</b>	
24d. LOCATION (City, town, or county) (State) <b>Saline, county, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>Oct. 15, 1951</b>		REGISTRAR'S SIGNATURE <b>Lidney F. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. A. Marshall, Mo.</b>	
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RECEIVED OCT 24 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed OCT 24 1951

~~MAY 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 George H. Green  
Licensed Embalmer No. 4220  
P. O. Address Marshall, 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.