

FILED NOV 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37789

State File No. ....

1. PLACE OF DEATH  
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE Missouri b. COUNTY Jasper

3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin

c. LENGTH OF STAY (in this place)

4. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin

d. FULL NAME OF HOSPITAL OR INSTITUTION Conv. Home, 414 Ky

d. STREET ADDRESS (If rural, give location) 414 Kentucky

5. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) c. (Last) Kesler

6. DATE OF DEATH (Month) (Day) (Year) Nov. 9 1957

7. SEX Female / 8. COLOR OR RACE White 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

10. DATE OF BIRTH April 29, 1878

11. AGE (In years) (Month) (Day) (Year) 79

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

13. KIND OF BUSINESS OR INDUSTRY Home

14. BIRTHPLACE (State or foreign country) Newton Co. Mo.

15. CITIZEN OF WHAT COUNTRY? USA

16. FATHER'S NAME John Carr

17. MOTHER'S MAIDEN NAME Mary J. Umphries

18. NAME OF HUSBAND OR WIFE Ira Kesler

19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --

20. SOCIAL SECURITY NO. --

21. INFORMANT'S SIGNATURE OR NAME Homer Carr, 409 E. Highland, Carthage

22. ADDRESS

23. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

24. MEDICAL CERTIFICATION

25. INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Tuberculosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

26. DATE OF OPERATION

27. MAJOR FINDINGS OF OPERATION

28. AUTOPSY? YES  NO

29. ACCIDENT SUICIDE HOMICIDE (Specify)

30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

31. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

32. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

33. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

34. HOW DID INJURY OCCUR?

35. I hereby certify that I attended the deceased from Sep-10, 1957, to Nov-9, 1957, that I last saw the deceased alive on Nov. 9, 1957, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

36. SIGNATURE (Degree or title) Dr. Chas. E. Case

37. ADDRESS Joplin Mo

38. DATE SIGNED 11-9-57

39. BURIAL, CREMATION, REMOVAL (Specify) Burial

40. DATE 11-11-57

41. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery

42. LOCATION (City, town, or county) (State) Jasper County, Missouri

43. DATE REC'D BY LOCAL REG. 11-10-57

44. REGISTRAR'S SIGNATURE [Signature]

45. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo.

46. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

1495  
4

RECEIVED 11-20-51  
Jasper County Health Office

County File Number 51/11/876

Date Filed 11-21-51

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 *Geo. O. Pugh* .....

Licensed Embalmer No. 4231

P. O. Address *Carthage, 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.