S. No. 300
v. 10.48

0570

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

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42184

State File No.

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 8 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): CLARA
b. (Middle): BELLE
c. (Last): LESTER

4. DATE OF DEATH (Month) (Day) (Year): Dec 15 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 27 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 6, Days 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Jameson
13b. MOTHER'S MAIDEN NAME: Catherine Cassidy
14. NAME OF HUSBAND OR WIFE: Oscar Lester
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Paul Lester — **ADDRESS**: Troy Mo

MEDICAL CERTIFICATION

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) Pneumonia (Hypostatic) — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

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

DUE TO (b) Hemiplegia following Cerebral Hemorrhage — 3 months

DUE TO (c) Hypertensive Heart Disease — (indefinite)

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: 443X
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) m.:
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* August 15, 1951, *to* Dec 15, 1951, *that I last saw the deceased alive on* Dec 15, 1951, *and that death occurred at* 7:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank L. Sutton, D.O.
23b. ADDRESS: Winfield, Mo.
23c. DATE SIGNED: 12/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-51
24c. NAME OF CEMETERY OR CREMATORY: Troy Cemetery
24d. LOCATION (City, town, or county) (State): Troy Missouri

DATE REC'D BY LOCAL REG.: Dec 22 1951
REGISTRAR'S SIGNATURE: Emma B. Riddle
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25. FUNERAL DIRECTOR'S SIGNATURE: Wayne McCoy
ADDRESS: Troy Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 21 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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.

Signed Wayne McCoy

Signed .....
Student Embalmer

Licensed Embalmer No. 3586

P. O. Address Troy 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.