S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12154

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 300 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Broseley 01
d. STREET ADDRESS (If rural, give location): Rte. 1

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): WESLEY
c. (Last): KESTER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 18 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: August 30, 1877
9. AGE (In years last birthday): 74 — If under 1 year: Months 7, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timberwork
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Henry Kester
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Callie Kester

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 / ADDRESS: Stella Mae Kester, North Olmstead, O.

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4-17-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

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: 331X
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* April 7th, 1952, *to* April 18th 1952, *that I last saw the deceased alive on* April 18, 1952 *and that death occurred at* 11:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W M Henrichsohn M D 0
23b. ADDRESS: Poplar Bluff, Missouri
23c. DATE SIGNED: April 21 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Browns Chapel Cemetery
24d. LOCATION (City, town, or county) (State): Broseley, Mo.

DATE REC'D BY LOCAL REG.: Apr. 21-1952
REGISTRAR'S SIGNATURE: Wm. H Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Landess Funeral Home Campbell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED April 30 ~~MAY 5~~ 1952

BUTLER CO. HEALTH CENTER

FILE No. 552-224

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 Christina M Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.