

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28086**  
**3782**

FILED SEP 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> <u>8150</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>			c. LENGTH OF STAY (In this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mission City</u> <u>8</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5541 Linden Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u>		b. (Middle) <u>Ester</u>		c. (Last) <u>HESTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>25</u> <u>52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>11/3/69</u>		9. AGE (In years last birthday) <u>83</u> # MONTHS _____ # YEARS _____ # HOURS _____ # MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Greary</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza beth Walsh</u>		14. NAME OF HUSBAND OR WIFE <u>Carlos B. Hester</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. Craig Stephenson, Mission Kas.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE CEREBRAL MALACIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED HEMORRHAGIC DIATHESIS, CAUSE UNDETERMINED.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <u>246X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 _____, Mo., from the cause and on the date stated above.							
23a. SIGNATURE <u>Russell W. Kerr MD (Degree or title)</u>				23b. ADDRESS <u>St. Joseph Hosp. R.C. Mo.</u>		23c. DATE SIGNED <u>9-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 25/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wichita, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>8-26-52</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. A. Butler's Sons, Kansas City, Kas.</u>			

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

STATEMENT BY LICENSED EMBALMER

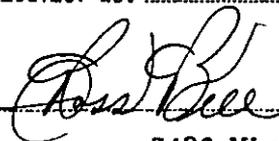
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....



Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

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.