

FILED DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39325

50
1

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

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. (If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mo. Vernon Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Mt. Vernon Mo</u>	
c. LENGTH OF STAY (in this place) <u>12 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R-2-5 mi. N.W. of Mt. Vernon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>219 N. Dawson</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Charles</u> c. (Last) <u>Lester</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-10-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 23, 1861</u>
9. AGE (In years) (last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmed (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Harold William Lester</u>		13b. MOTHER'S MAIDEN NAME <u>Marion</u>	
14. NAME OF HUSBAND OR WIFE <u>Marion Elizabeth Lester</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, state war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Linn Lester</u>		ADDRESS <u>Mo. Vernon Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremic Poisoning</u> DUE TO (c) <u>Cardiac Decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>48 hours</u> <u>4 1/2 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	
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)			
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 <u>Sept 2</u> , 1952, to <u>Dec 10</u> , 1952, that I last saw the deceased alive on <u>Dec 10</u> , 1952, and that death occurred at <u>7:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold E. George D.O.</u>		23b. ADDRESS <u>Mo. Vernon Mo</u>	
23c. DATE SIGNED <u>Dec 10/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-12-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>1 mi. S.E. of Mt. Vernon, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-11-52</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	
411 - 0		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Ascutt</u>	
ADDRESS <u>Mo. Vernon Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J. W. Fessett

Licensed Embalmer No.

2201

P. O. Address.....

W. H. Lewis, 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.