

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 17 PRIMARY REG. DIST. NO. 3005 Registrar's No. 9

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bates</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u> <u>5091</u>                               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>400 S. Mechanic</u>                             |  | d. STREET ADDRESS (If rural, give location) <u>400 S Mechanic</u>  |  |

|   |                               |   |  |   |   |   |
|---|-------------------------------|---|--|---|---|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Center</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 1953</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>Feb. 28, 1892</u>                                  | 9. AGE (In years last birthday) <u>60</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u> | IF UNDER 24 Hrs. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Bus Driver</u>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>                       | 11. BIRTHPLACE (City and State or Foreign Country) <u>Harwood, Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>         |   |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Anna Center</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Nellie Adkins</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Anna Center</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>496-07-7526</u>     |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Center Butler</u> |  |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 WTC</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chr. Arteriosclerosis</u> |  |   |
|   | DUE TO (c) <u>Chr. Hypertension</u>  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

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| 19a. DATE OF OPERATION                   | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) | 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 Jan 4, 1953 to Jan 22, 1953, that I last saw the deceased alive on Jan 22, 1953, and that death occurred at 4:20 P.m., from the causes and on the date stated above.

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|--|-------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Center M. Lewis MA</u> (Degree or title) | 23b. ADDRESS <u>Butler Mo</u> | 23c. DATE SIGNED <u>1-24-53</u> |
|--|-------------------------------|---------------------------------|

|   |                               |  |   |
|---|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan 25, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u> |
|---|-------------------------------|--|---|

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|---|--|--|
| DATE REC'D BY LOCAL REG. <u>22N 24-53</u> | REGISTRAR'S SIGNATURE <u>Rendall Perry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. Pulver - Underwood Butler</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-1-53

FEB 1 1953

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 Robert S. Stembach

Licensed Embalmer No. 4657

P. O. Address Burley, Md.

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.