

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **330**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	c. LENGTH OF STAY (in this place) 9 years	c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 413 N. 4th St.		d. STREET ADDRESS (If rural, give location) 413 N. 4th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Krug b. (Middle) C. c. (Last) Lester			4. DATE OF DEATH (Month) (Day) (Year) January 26, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Lester	13b. MOTHER'S MAIDEN NAME unk.	14. NAME OF HUSBAND OR WIFE Dora E.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Joseph, 421 1/2 Felix, St. Joseph, Mo.	ADDRESS St. Joseph, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 37 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Coronary disease		
	DUE TO (b) 4201		
DUE TO (c) man died while alone in his room, he had been complaining of pains in his chest for the last three months.			
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I ^{viewed} ~~observed~~ the deceased ~~from~~ **on 1/28, 1953** to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H F Mundy M.D., (Coroner)	23b. ADDRESS St Joseph Mo.	23c. DATE SIGNED 1/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/30/1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Feb 5, 1953	REGISTRAR'S SIGNATURE Carl C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman Funeral Home	ADDRESS St Joseph, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Eugene Wood

.....
Licensed Embalmer No. *3804*

P. O. Address *314 S. 10th St. Joplin, 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.