

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 21

1380
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Alanthus Ave. 03810</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) " " " "	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memory Hill Rest Haven</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Walter</u> b. (Middle) <u>Hale</u> c. (Last) <u>Kesterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1953</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>May 25 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Harris, Mo., Mercer Co. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Hugh Kesterson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Goodrich</u>		14. NAME OF HUSBAND OR WIFE <u>Wife deceased</u>			
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. WM. K. Meek Stanberry</u>				ADDRESS <u>Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		DUE TO (b) <u>4222</u>						<u>2 yr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Peptic Ulcer</u>						<u>10 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) (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 1948, 10, to Feb 2, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 2 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>R. V. Sullivan</u> (Degree or title)		23b. ADDRESS <u>Stanberry Mo.</u>		23c. DATE SIGNED <u>2-3-53</u>	
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24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/4/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harris Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harris, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 4 - 53</u>		REGISTRAR'S SIGNATURE <u>Maude Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phillips</u>		ADDRESS <u>Stanberry</u>	
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1401

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 Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonbury, 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.