

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28426

FILED SEP 15 1953

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5537 Registrar's No. 54

440

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

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Liberty Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Liberty Twp. 6440	
c. LENGTH OF STAY (in this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 3 Mile N. of Mound City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi. N. of Mound City			

3. NAME OF DECEASED (Type or Print)	a. (First) Dora	b. (Middle)	c. (Last) Hester	4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 28, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY In the home	11. BIRTHPLACE (City and State or Foreign Country) Near Maitland, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Horace Larkam	13b. MOTHER'S MAIDEN NAME Sarah Norvell	14. NAME OF HUSBAND OR WIFE James W. Heater
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Blair Thomas, Mound City, Mo.	ADDRESS Mound City, 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 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Endocarditis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Interstitial Nephritis</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4214</i>	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., to 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) (Min.)	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 attended the deceased from *May 30, 1953*, to *Sept 4, 1953* that I last saw the deceased alive on *Sept 3, 1953*, and that death occurred at *4:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>F E Hogan MD</i>	23b. ADDRESS <i>Mound City, Mo</i>	23c. DATE SIGNED <i>9-5-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>9/6/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Knights of Pythias</i>	24d. LOCATION (City, town, or county) (State) <i>Maitland Missouri</i>
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DATE REC'D BY LOCAL REG. <i>9-5-53</i>	REGISTRAR'S SIGNATURE <i>James H. Crawford</i>	469	25. FEDERAL DIRECTOR'S SIGNATURE <i>James H. Crawford</i>	ADDRESS <i>Mound City, Mo</i>
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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

James H. Crawford

Licensed Embalmer No. *4796*

P. O. Address *Mounds City, W.*

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.