No. 300 FILED NOV 13 1953
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sims 35742

460

BIRTH NO. _____ REG. DIST. NO 142 PRIMARY REG. DIST. NO 5576 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits write RURAL and give township) Mountain View R. Gal Sc Twp
c. LENGTH OF STAY (in this place) 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Shannon 1010
c. CITY OR TOWN Birch Tree
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) CONNIE
b. (Middle) DALE
c. (Last) HESTER

4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1953

5. SEX f
6. COLOR OR RACE w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) nm
8. DATE OF BIRTH May21 1952
9. AGE (In years last birthday) 1 — IF UNDER 1 YEAR Months 5 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Birmingham, Alabama
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Donald Ray Hester
13b. MOTHER'S MAIDEN NAME Virginia Patterson
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Donald R. Hester ADDRESS Birch Tree, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

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.

19a. TYPE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 493X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 7:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Joe R. Duncan (Degree or title) Coroner
23b. ADDRESS Mtn. View, Mo
23c. DATE SIGNED 11-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 7 1953
24c. NAME OF CEMETERY OR CREMATORY Oak Forrest Cem
24d. LOCATION (City, town, or county) (State) Birch Tree, Mo

DATE REC'D BY LOCAL REG. 11-14-53
REGISTRAR'S SIGNATURE Laura Mitchell
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 23 1993

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John F. Duncan

Licensed Embalmer No. 251

P. O. Address Mt. View

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.