

No. 300
10.48

FILED NOV 2- 1953

STANDARD CERTIFICATE OF DEATH

State File No. **35743**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) R HOWELL TWP.		c. CITY (If outside corporate limits, write RURAL and give township) "Rural" HOWELL TWP.	
c. LENGTH OF STAY (in this place) 62 yrs		0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION WEST PLAINS RESIDENCE		d. STREET ADDRESS (If rural, give location) WEST PLAINS, Mo. Siloam Spgs., Route	

3. NAME OF DECEASED (Type or Print) a. (First) MARIA b. (Middle) BELLE c. (Last) HESTERLY			4. DATE OF DEATH (Month) (Day) (Year) Oct 20 - 53		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH AUG. 2, 1865		9. AGE (In years last birthday) 88		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (State or foreign country) ILLINOIS	

13a. FATHER'S NAME Thomas Ward Brower		13b. MOTHER'S MAIDEN NAME Frances Greenfield Starling		14. NAME OF HUSBAND OR WIFE J. Hesterly	
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 ADDRESS King Hesterly, West Plains, 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) Hypertension, Myocarditis, and Arteriosclerosis, chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Senile Dementia DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
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 304X		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

I hereby certify that I attended the deceased from 14-8, 1953, to 20-10, 1953, that I last saw the deceased alive on 20-10, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

22a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 12/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 24, 1953		24c. NAME OF CEMETERY OR CREMATORY Hone Pine Cem. Howell Co., Mo.	
24d. LOCATION (City, town, or county) (State) Howell Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS West Plains, Mo.	
DATE REC'D BY LOCAL REG. 10-26-53		REGISTRAR'S SIGNATURE Beatrice Cook		3793	

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

FEB 26 1958

OCT 29 1957

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 Hal Thompson

Licensed Embalmer No. 3408

P. O. Address West Plains

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.