

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**36752**

State File No. ....

**FILED NOV 13 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 331

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Pettis</u>	c. LENGTH OF STAY (in this place) <u>3 Days</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>BENTON</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>	d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u>	d. STREET ADDRESS (If rural, give location) <u>0080</u>

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>CLARA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>HESTER</u>	<u>NOV 9 1953</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Jan 12, 1890</u>		<b>9. AGE</b> (In years last birthday) <u>63</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>ARK.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>

<b>13a. FATHER'S NAME</b> <u>Fred Koenig</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Frank E. Hester</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>no</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Frank E. Hester</u>		<b>ADDRESS</b> <u>Warsaw, Mo</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>30 hours</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hemorrhage oesophageal</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  DUE TO (b) <u>Cirrhosis of Liver</u>  DUE TO (c) <u>unknown</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Warsaw Benton MO</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Oct 18, 1953, to Nov 9, 1953, that I last saw the deceased alive on Oct 9, 1953, and that death occurred at 5:00 AM., from the causes and on the date stated above.

<b>23a. SIGNATURE.</b> (Degree or title) <u>Charles Osborne MD.</u>	<b>23b. ADDRESS</b> <u>Sedalia, MO</u>	<b>23c. DATE SIGNED</b> <u>11/11/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>Nov. 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Riverside Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Warsaw, Benton MO</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>11/14/1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>A. J. Campbell MD.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>John J. Reser</u>	<b>ADDRESS</b> <u>Warsaw, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 24 1953

MAR 24 1953

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 \_\_\_\_\_

*John F. Reser*

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.