

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 15 1954

BIRTH NO. ... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 272

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | |
| c. LENGTH OF STAY (In this place) 50 Yrs | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital | | e. STREET ADDRESS (If rural, give location) 714 North 11th St. | |

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| 3. NAME OF DECEASED (Type or Print) Moody | a. (First) D | b. (Middle) Lester | c. (Last) | 4. DATE OF DEATH Mar. 10, 1954 |
|---|--------------|--------------------|-----------|--------------------------------|

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|-------------|------------------------|--|--------------------------------|------------------------------------|------------------------|------------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 30, 1877 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (4) Maintenance | 10b. KIND OF BUSINESS OR INDUSTRY St. Joseph, Mo. | 11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Marshall Lester | 13b. MOTHER'S MAIDEN NAME Emma Waldron | 14. NAME OF HUSBAND OR WIFE Josephine Lester |
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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) NO | 16. SOCIAL SECURITY NO. 491-09-7406 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Lester 718 No. 11th City |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 9/3/54 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis gen. | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 3/3, 1954, to 3/10, 1954, that I last saw the deceased alive on 3/10, 1954, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Frank J. Hardigau, M.D. | 23b. ADDRESS 670 Kansas St., City | 23c. DATE SIGNED 3/11/54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar. 13, 54 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet | 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
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| DATE REC'D BY LOCAL REG. Mar 12, 1954 | REGISTRAR'S SIGNATURE Roxanne M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. Sidenfaden 1802 Union St. St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....
Robert H. Apple

Licensed Embalmer No. 3308.....

P. O. Address St. Joseph, Mo.....

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

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