

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8150

State File No.

310
1

FILED APR 14 1954 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin		c. CITY OR TOWN Gallatin	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Yrs.		e. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		0310	
3. NAME OF DECEASED (Type or Print) a. (First) Clyde	b. (Middle) Ralph	c. (Last) Hester	4. DATE OF DEATH (Month) (Day) (Year) April 7 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22 1895
9. AGE (In years last birthday) 58		10. UNDER 1 YEAR Months --- Days ---	11. UNDER 18 HRS. Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Resturant	11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Hester	
13b. MOTHER'S MAIDEN NAME Flora Ragan		14. NAME OF HUSBAND OR WIFE Frances Hester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 500-07-5407	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Hester Gallatin, Missouri
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES DUE TO (b) Edema Lungs, Hypertrophy of heart DUE TO (c) prostatic Enlargement 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 4201	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 1 1953 to April 7 1954 , that I last saw the deceased alive on April 7 1954 , and that death occurred at 5:15A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H.W. Bailey 2nd		23b. ADDRESS Gallatin Mo	23c. DATE SIGNED 4-9-1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-9-1954	24c. NAME OF CEMETERY OR CREMATORY Brown Cemetary	24d. LOCATION (City, town, or county) (State) Gallatin, Missouri
DATE REC'D BY LOCAL REG. 12-Apr-1954	REGISTRAR'S SIGNATURE Viggin M. Engelhardt	25. FUNERAL DIRECTOR'S SIGNATURE H. O. Hester	ADDRESS Hope Funeral Home Gallatin, Mo.

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

APR 16 1954

APR 20 1954

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..... *L. O. Richardson*

Licensed Embalmer No. *330*

P. O. Address *Gallatin*

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.