

FILED AUG 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28061

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Warrensburg
c. LENGTH OF STAY (in this place) 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Holden
d. Is Residence within limits of a city or incorporated town? Yes No
• STREET ADDRESS (If rural, give location) South Olive St., 0510

3. NAME OF DECEASED a. (First) THOMAS b. (Middle) STANTON c. (Last) KESTERSON
4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH June 2, 1892 9. AGE (In years) 62 IF UNDER 1 YEAR Months 2 IF UNDER 24 HRS. Hours 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Own Farm 11. BIRTHPLACE (City and State or Foreign Country) Odessa, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John H. Kesterson 13b. MOTHER'S MAIDEN NAME Fannie Findley 14. NAME OF HUSBAND OR WIFE Ollie Kesterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Ollie Kesterson, Holden, Missouri ADDRESS

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 failure*
ANTECEDENT CAUSES *Cortic stenosis*
Morbidity 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 *Probable myocardial infarction*
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH *6 mo.*
years
2 days

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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 *Apr 12, 1954* to *Aug. 4, 1954*, that I last saw the deceased alive on *Aug 4, 1954*, and that death occurred at *2:45 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE *W. L. Ledner M.D.* (Degree or title) 23b. ADDRESS *Warrensburg Mo* 23c. DATE SIGNED *8-5-54*

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug 6, 1954 24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery 24d. LOCATION (City, town, or county) (State) Holden, Missouri

DATE REC'D BY LOCAL REG. *Aug 7, 1954* REGISTRAR'S SIGNATURE *Savannah Cutchfield* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Canaday & Ropp, Holden, Missouri.*

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

RECEIVED
AUG 9 1954
NEGATIVE

JOHNSON COUNTY HEALTH D

AUG 2 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 *M. L. Canaday*.....

Licensed Embalmer No.....3431

P. O. Address Holden, Miss

**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.**