

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5294

State File No.

FILED FEB 17 1955

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 2001 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN JOPLIN
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 04/95	
e. STREET ADDRESS 1827 WEST "A" ST.		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SAMUEL H. F. LESTER				FEB 11 1955

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 22, 1887	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months	11. IF UNDER 2 HRS. Days	12. Hours	13. Min.
			67					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SMELTER WORKER	10b. KIND OF BUSINESS OR INDUSTRY LEAD PROCESSING	11. BIRTHPLACE (City and State or Foreign Country) GALENA, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HERMAN LESTER	13b. MOTHER'S MAIDEN NAME ELIZA COMPTON	14. NAME OF HUSBAND OR WIFE IYA 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) YES W.W.I.	16. SOCIAL SECURITY NO. W.W.I.	17. INFORMANT'S SIGNATURE OR NAME MRS. DON L. BRYANT	ADDRESS JOPLIN, MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular Heart Lesions DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		4214

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)
		JOPLIN MO MO

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 **Feb 4, 1955**, to **Feb 9, 1955**, that I last saw the deceased alive on **Feb 9, 1955**, and that death occurred at **9:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Douglas M.D.	23b. ADDRESS 210 West 32nd St. Mo	23c. DATE SIGNED 2/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB 15, 1955	24c. NAME OF CEMETERY OR CREMATORY OSBORN MEM. PARK	24d. LOCATION (City, town, or county) (State) JOPLIN MO
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DATE REC'D BY LOCAL REG. 2-16-55	REGISTRAR'S SIGNATURE W. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE Hurlbut Snow	ADDRESS Joplin
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 19 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.....
Signature of Student Embalmer

Signed.....
Dale Curran

Licensed Embalmer No. 45

P. O. Address.....
Joplin

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.