

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40279

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Dairies	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY OR TOWN JAMESPORT	
d. FULL NAME OF HOSPITAL OR INSTITUTION KENYON NURSING HOME		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) BESSIE MAUDE LESTER			4. DATE OF DEATH (Month) (Day) (Year) DEC 2 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 26, 1879		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) GILMAN CITY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME PETER V. NIGHSWONGER CASTELLA		13b. MOTHER'S MAIDEN NAME ANN GILMAN		14. NAME OF HUSBAND OR WIFE CHARLES LESTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Schoren Jamesport Mo	

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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial failure DUE TO (c) arterial sclerosis			INTERVAL BETWEEN ONSET AND DEATH 7 days 1 yr 10 yrs
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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)	
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 Oct. 1950, to Dec 2, 1955, that I last saw the deceased alive on Dec 2, 1955, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS Jamesport Mo.		23c. DATE SIGNED Dec 3, 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 6 - 1955	24c. NAME OF CEMETERY OR CREMATORY Jamesport Memorial		24d. LOCATION (City, town, or county) (State) Jamesport, Missouri	
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DATE REC'D BY LOCAL REG. 12-28-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Jamesport Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

DEC 30 1958

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 *R. R. Robinson*.....

Licensed Embalmer No. *325*.....

P. O. Address *Jamestown*.....

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.