

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9927

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Anderson Twp.</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Rural-Anderson Twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Malden, Mo. R.1</u>		e. STREET ADDRESS (If rural, give location) <u>Malden, Rte.1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) _____ c. (Last) <u>LESTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 25, 1956</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 1, 1892</u>	9. AGE (In years last birthday) <u>64</u>	If UNDER 1 YEAR Months <u>1</u> Days <u>24</u>	If UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Holliday, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Sam Lester</u>		13b. MOTHER'S MAIDEN NAME <u>Julie Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Lester</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>498-16-4330</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mattie Lester, Malden, Mo. R.1</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u>		DUE TO (b) <u>Hearding attack and</u>			<u>3 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Bright's Disease</u>			
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"/>	
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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)		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 Feb 16, 1936 to March 5, 1956, that I last saw the deceased alive on March 3, 1956, and that death occurred at 10:55 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. S. Campbell D.O.</u>		23b. ADDRESS <u>Malden</u>		23c. DATE SIGNED <u>March 27 1956</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 29, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>4-7-56</u>	REGISTRAR'S SIGNATURE <u>Ernest F. Hopkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home, Campbell, Mo.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED APR 9 1956  
NEW MADRID CO. HEALTH CENTER  
P. J. S.

**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 Christina M. Landers

Licensed Embalmer No. 422

P. O. Address Camph

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.