

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22686

State File No. _____

FILED AUG 10 1956

BIRTH NO. _____		REG. DIST. NO. <u>2</u>	PRIMARY REG. DIST. NO. <u>40 D</u>	Registrar's No. <u>58</u>
1. PLACE OF DEATH a. COUNTY <u>Andrew Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Andrew Co.</u>		
b. CITY OR TOWN <u>Rea</u>		c. CITY OR TOWN <u>Rea</u>	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 hospital or institution) <u>all life</u>		e. STREET ADDRESS (If rural, give location) <u>road 2nd</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Craig</u>		b. (Middle) <u>Vetter</u>	c. (Last) <u>Lester</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7.23.1956</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>8.17.1889</u>	9. AGE (In years last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Savannah Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James H. Lester</u>		13b. MOTHER'S MAIDEN NAME <u>Mary L. Henelin</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-22-6097</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Freeman Lester. Rea. Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES <u>None</u> DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>151X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	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 <u>1954</u> to <u>7.23.1956</u> , that I last saw the deceased alive on <u>10.10.19</u> , and that death occurred at <u>10.10.19</u> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>W. P. Wilson M.D.</u>		23b. ADDRESS <u>Assendale Mo</u>	23c. DATE SIGNED <u>7/24/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7.25.1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Whitesville</u>	24d. LOCATION (City, town, or county) (State) <u>Whitesville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-31-56</u>	REGISTRAR'S SIGNATURE <u>Lillian Spink</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. P. Pappert</u>		ADDRESS <u>King City Mo.</u>

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

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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. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City Mo

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.