

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1308**

FILED FEB 4 1957

285

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>285</u>				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 22 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Walnut Nursing Home				STREET ADDRESS (If rural, give location) 1217 Cleveland						
3. NAME OF DECEASED (Type or Print) a. (First) Howard			b. (Middle) _____			c. (Last) Hester		4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 6, 1882		9. AGE (in years last birthday) 75		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor - Burns		10b. KIND OF BUSINESS OR INDUSTRY Detective Agcy.		11. BIRTHPLACE (City and State or Foreign Country) Osage County, Kansas			12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Clarence Hester			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mary L. Hester				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 486-03-2113		17. INFORMANT'S SIGNATURE OR NAME Mary L. Hester			ADDRESS 1217 Cleveland		
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) Fibrillation of heart ANTECEDENT CAUSES DUE TO (b) Aortic stenosis + mitral stenosis DUE TO (c) Cardiac failure - fibrillation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 wks. 4 1/2 wks.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		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>Dec. 7, 1956</u> , to <u>Jan. 16, 1957</u> , that I last saw the deceased alive on <u>Jan. 6, 1957</u> , and that death occurred at <u>11:40 p. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Wallace H. Graham, M.D.				23b. ADDRESS 518 Argyle Bldg. K.C. Mo.			23c. DATE SIGNED 19 Jan. 1957			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/19/57		24c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
DATE REC'D BY LOCAL REG. 1-20-57		REGISTRAR'S SIGNATURE Meva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons		ADDRESS 4139 Truman Rd. K.C. Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Wallace H. Graham

*Rev. Wallace Graham
Angels Bldg.*

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 *William H. Egan*

Licensed Embalmer No. *472*

P. O. Address *N.C. M.*

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.