

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4813

STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 477

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kansas City</u> <u>4451 Troost</u> <u>Harwood Bldg</u>		Length of stay in lbs <u>12 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>4451 Troost</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>JACK DONALD KESTER</u> <u>Middle Last</u>			4. DATE OF DEATH <u>Jan 29 1957</u> Month Day Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 14 1924</u>
9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nightwatchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rockhill Bowl</u>	11. BIRTHPLACE (City and state or country) <u>Nevada Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Rieves R. Kester</u>	
14. MOTHER'S MAIDEN NAME <u>Meta Phillips</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.#12</u>	
16. SOCIAL SECURITY NO. <u>497-12-4667</u>		17. INFORMANT Address <u>Mrs. Louis Vickers, 230 North Oak Nevada Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cause of death unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>no fault permit</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7955</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY <u>Four</u> Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>1034 Rialto Bldg</u>	22c. DATE SIGNED <u>1-30-57</u>
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <u>Jan 30 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Harwood Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Melody-McGilley-Eylar F. Home</u>		25. DATE RECD. BY LOCAL REG. <u>1-31-57</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>

1800 E. Linwood

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1957

APR 17 1957

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 *Melvin Barton*

Licensed Embalmer No. *490*

P. O. Address *K. C. G.*

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.