

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 023215
State File No.

FILED JUN 21 1957

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3072 Registrar's No. 102

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Sikeston</u> c. LENGTH OF STAY (in this place) <u>3 wk.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schufett Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idalia</u> d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Hester</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1957</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>April 9, 1885</u>
9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eli Hester</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hoxworth</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>490-01-3567</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Hester</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Gen Arterio sclerosis</u> DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)		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>April, 1957</u> , to <u>6-9, 1957</u> , that I last saw the deceased alive on <u>6-9, 1957</u> , and that death occurred at <u>7</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. D. Urban M.D.</u>		23b. ADDRESS <u>Sikeston, Mo.</u>	
23c. DATE SIGNED <u>6-12-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>6-11-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walker cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins & Sons</u>	
25. ADDRESS <u>Dexter, Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-13-57</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Eda Hester</u>		25. ADDRESS <u>Dexter, Mo.</u>	

DATE RECEIVED JUN 17 1957.

SCOTT CO. HEALTH DEPT.

CO. FILE No. 657-125

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

Student Embalmer

Signed

Marble Watkins

Licensed Embalmer No. 4717

P. O. Address Sexter, 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 this body is not embalmed, fact should be so stated above.