

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36441

STATE FILE NUMBER

FILED NOV 6 1957

Registration District No. 163 Primary Registration District No. 5796 Registrar's No. 57

Health,
& Welfare
Public
Service

S. 300
v. 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				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jefferson		b. CITY (If outside corporate limits, give (TOWNSHIP) only) OR TOWN Liberty Valle		c. CITY OR TOWN Lesterville		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DeSoto Mo.				Length of stay in lb 14 da			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ALEXANDER		Middle FRANK		Last LESTER		Month Day Year Oct 23 1957	
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar 15 1869	
9. AGE (In years last birthday) 88		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) saw mill operator				10b. KIND OF BUSINESS OR INDUSTRY lumber		11. BIRTHPLACE (City and state or country) Lesterville Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Daniel Lester				14. MOTHER'S MAIDEN NAME Susan Weeks			
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. no		17. INFORMANT Address Mrs. Alfred Horton De Soto Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gen. arteri sclerosis DUE TO (b) arterio-sclerotic cardio-vascular DUE TO (c) renal disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility							INTERVAL BETWEEN ONSET AND DEATH years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
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.) 442X					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <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 Oct 9, 1957 to Oct 23, 57 and last saw ^{her} him alive on Oct 23, 57 Death occurred at 5:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Nov. Registrar M.D.				22b. ADDRESS DeSoto, Mo.		22c. DATE SIGNED Oct 24, 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10-26-57		23c. NAME OF CEMETERY OR CREMATORY Rayfield Cemetery		23d. LOCATION (City, town, or county) (State) Lesterville Mo.	
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. Annel White			25. DATE RECD. BY LOCAL REG. 10-28-1957		26. REGISTRAR'S SIGNATURE Maxie Harris		

(Licensed Embalmer's Statement on Reverse Side)

146

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 30 1957

NOV 6 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 *Russell J. White*.....

Licensed Embalmer No. *3012*

P. O. Address *Imperial*.....

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.