

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
17451

FILED JAN 22 1958

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 50

141  
S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Pemisscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemisscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayti</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Steele</u> Outside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
FULL NAME OF (If NOT in hospital, give location) <u>Pemisscot County Memorial</u>		Length of stay in lb <u>17 days</u>	d. STREET ADDRESS (If outside, give location) <u>Steele, Mo.</u>
3. NAME OF DECEASED (Type or print) First <u>Ollie</u> Middle <u>Lester</u> Last <u>James</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>29</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 22, 1896</u>
9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Steele, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Rosa Lester</u>	
13b. MOTHER'S MAIDEN NAME <u>Cora Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>  </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>  ?</u>	17. INFORMANT <u>Mita Cravens</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>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11-27-57</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>diabetic hypertension -</u>		DUE TO (c) <u>heart disease.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>443X</u>		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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.) <u>  </u>	
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year a.m. <u>  </u> p.m. <u>  </u>		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.) <u>  </u>		20f. CITY, TOWN, OR LOCATION <u>Steele</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>12-12-57</u> to <u>12-29-57</u> and last saw <sup>her</sup> alive on <u>12-29-57</u> Death occurred at <u>3:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. Shoney</u>		(Degree or title) <u>md</u>	22b. ADDRESS <u>Hayti Mo</u>
22c. DATE SIGNED <u>1-1-58</u>		22d. DATE SIGNED <u>  </u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-1-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion Cemetery</u>
23d. LOCATION (City, town, or county) <u>Steele, Mo</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>John W German</u>		ADDRESS <u>Hayti Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-15-58</u>
26. REGISTRAR'S SIGNATURE <u>John W German</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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1-25-58

JAN 28 1958

JAN 21 1958

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

FEB 10 1958

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 *John W. German*

Licensed Embalmer No. *4355*  
P. O. Address *Hayt, 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.