

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014392

STATE FILE NUMBER

1866

FILED MAY 2 1958

Registration District No. 148 Primary Registration District No. 1002 Registrar's No.

300
1-57

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Clay | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN NORTH KANSAS CITY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL | | d. STREET ADDRESS 3016 ERIE | |
| Length of stay in lb 23 days | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last ROBERT E. PESTER | | | 4. DATE OF DEATH Month Day Year April 9, 1958 | | |
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|-----------------------|----------------------------------|---|--|--|------------------------------|--------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH February 12, 1924 | 9. AGE (In years last birthday) 34 | FUNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reservation Agent | 10b. KIND OF BUSINESS OR INDUSTRY Continental Air Lines | 11. BIRTHPLACE (City and state or country) Hillsboro, Kansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Joe Pester | 13b. MOTHER'S MAIDEN NAME Ella Sue Harms | 14. NAME OF HUSBAND OR WIFE Pauline Bl Pester |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes | 16. SOCIAL SECURITY NO. WMT 511 26 9798 | 17. INFORMANT VA Hospital Official Records, K. C. Mo. | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral | | INTERVAL BETWEEN ONSET AND DEATH 2044 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Leukemia | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 |
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| 21. Attended the deceased from March 17, 1958 to April 9, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE COZZARELLI, M. G. | 22b. ADDRESS VA Hospital, Kansas City, Mo. | 22c. DATE SIGNED 4-10-58 |
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| 23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial | 23b. DATE 4-12-58 | 23c. NAME OF CEMETERY OR CREMATORY Youngtown Cem | 23d. LOCATION (City, town, or county) (State) Marion, Kansas |
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| 24. FUNERAL DIRECTOR B. W. Newcomer's Sons N.K.C. | 25. DATE RECD. BY LOCAL REG. 4-11-58 | 26. REGISTRAR'S SIGNATURE Neva Marshall |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



STATE OF MISSOURI
 DEPARTMENT OF HEALTH
 DIVISION OF VITAL RECORDS

THIS IS TO CERTIFY THAT THE BODY OF _____
 DECEASED AT _____
 ON _____
 WAS EMBALMED BY _____
 A LICENSED EMBALMER IN THE STATE OF MISSOURI
 ON _____
 AT _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
 X by me, or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed Glenn H. Hill

 Licensed Embalmer No. 4586
 P. O. Address K.C. 16 W

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.