Dr. Chapman

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022761
STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 272 Primary Registration District No. 3912 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Pemiscot	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Steele — Inside Limits Yes ☐ No ☑	c. CITY OR TOWN Steele — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 0780 Route 3 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Grady Middle E Last Lester — 4. DATE OF DEATH Month 6 Day 4 Year 58

5. SEX M — 6. COLOR OR RACE White — 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 8. DATE OF BIRTH 7-18-1892 — 9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Month 10 Days 3 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer — 10b. KIND OF BUSINESS OR INDUSTRY Farm — 11. BIRTHPLACE (City and state or country) Pemiscot Co. MO — 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME B.F. Lester — 13b. MOTHER'S MAIDEN NAME Nannie Wallace — 14. NAME OF HUSBAND OR WIFE Myrtle Lester

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mrs Grady Lester Address Steele Mo R3

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Thrombosis - Coronary artery

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension

DUE TO (c) 4201

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION Steele COUNTY Pemiscot STATE Mo

21. I attended the deceased from 5-28-58, to 6-4-58 and last saw him alive on 6-4-58

Death occurred at 6 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. R. Chapman, M.D. — 22b. ADDRESS Steele, Mo — 22c. DATE SIGNED 6-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Buried — 23b. DATE 6-6-58 — 23c. NAME OF CEMETERY OR CREMATORY Lester — 23d. LOCATION (City, town, or county) Holland (State) Mo

24. FUNERAL DIRECTOR Gernon Mudd Co. ADDRESS Steele Mo — 25. DATE RECD. BY LOCAL REG. 6-16-58 — 26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

S. 300
1-57

6-177-58

JUN 24 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 Noel C Deane

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.