

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024372
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED JUL 8 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 128

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|--|-----------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Mo. | | c. CITY OR TOWN Harwood 10800 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fanning N. Home 411 S. Ash | | d. STREET ADDRESS (If outside, give location) 2 Mos. | |
| 3. NAME OF DECEASED (Type or print) Ernest Leater Kester | | 4. DATE OF DEATH June 25 1958 | |
| 5. SEX M | 6. COLOR OR RACE OW | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-30-74 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 11. BIRTHPLACE (City and state or Country) Marshall, Mo. | |
| 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Rieves Jackson Kester | | 14. MOTHER'S MAIDEN NAME Mary E. Norwyke | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 490 32-8760 | |
| 17. INFORMANT Frank Ferry | | Address Sheldon, 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) Probable coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic cardiovascular disease DUE TO (c) arteriosclerosis generalised | | | INTERVAL BETWEEN ONSET AND DEATH 5 days unknown unknown |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 4201 | |
| 20c. TIME OF INJURY Hour . Month . Day, Year a. m. p. m. | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Aug 1956 to June 25 1958 and last saw ^{her} alive on June 23 1958 Death occurred at 1:05 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) James J. Wagoner M.D. | | 22b. ADDRESS Nevada Mo | |
| 22c. DATE SIGNED June 30 1958 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 6-27-58 | 23c. NAME OF CEMETERY OR CREMATORY Mount Vernon | 23d. LOCATION (City, town, or county) (State) Near Dederick, Mo. |
| 24. FUNERAL DIRECTOR O.W. Waggoner | | 25. DATE RECD. BY LOCAL REG. 7-5-1958 | |
| ADDRESS Harwood, Mo. | | 26. REGISTRAR'S SIGNATURE Wm E. Ferry | |

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

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..... *Ch Waggoner*

Licensed Embalmer No. 2709

P. O. Address Harwood, 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.