

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008383
STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 032 Primary Registration District No. Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo. b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		c. CITY OR TOWN Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home		d. STREET ADDRESS (If outside, give location) Cherry St.	
3. NAME OF DECEASED (Type or print) First Middle Last Lester A. Anna		4. DATE OF DEATH Month Day Year April 7, 1959	
5. SEX Fe /	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Aug. 30, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME Christian Sperling		11b. MOTHER'S MAIDEN NAME Philippine Sperling	
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, none or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. None	
13a. NAME OF HUSBAND OR WIFE Wilson L. Lester		13b. ADDRESS Mr. Otto Sperling Jackson, 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) Coronary Thrombosis DUE TO (b) Atherosclerosis DUE TO (c) _____ 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) 4201		INTERVAL BETWEEN ONSET AND DEATH	
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐		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 2/4/58 to 4/7/59 and last saw her alive on 4/7/59 Death occurred at 11:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John J. Myers MD		22b. ADDRESS Lutesville Mo	
22c. DATE SIGNED 4/10/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 9, 59	
23c. NAME OF CEMETERY OR CREMATORY Russell Heirth		23d. LOCATION (City, town, or county) (State) Jackson, Missouri	
24. FUNERAL DIRECTOR R.G. Miller		ADDRESS Jackson, Mo.	
25. DATE RECD. BY LOCAL REG. 4/11/59		26. REGISTRAR'S SIGNATURE Mrs. Buford Crader	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.