

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020268

FILED VS MAY 16 1960

254

Primary Registration District No. **4386** Registrar's No. **20**

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY OREGON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN THAYER		Length of stay in 1b 21 YEAR		c. CITY OR TOWN THAYER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First WILLIAM Middle LANSTON Last KESTER				4. DATE OF DEATH Month 5 Day 8 Year 1960									
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 10-7-1877		9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY RETIRED			11. BIRTHPLACE (City and state or country) OREGON CO. MISSOURI			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME ISSAC KESTER				13b. MOTHER'S MAIDEN NAME SARAH KESTER				14. NAME OF HUSBAND OR WIFE LILLIE KESTER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. LILLIE KESTER, THAYER, MISSOURI							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Benial Pneumonia DUE TO (b) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
19. WAS AUTOPSY PERFORMED? 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.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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			
21. I attended the deceased from May 8, 1960 to May 8, 1960 and last saw her/him alive on May 18, 1960 Death occurred at 5:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Arthur Wolfe M.D.						22b. ADDRESS Thayer mo			22c. DATE SIGNED				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-10-60		23c. NAME OF CEMETERY OR CREMATORY JEFF CEMETARY			23d. LOCATION (City, town, or county) (State) THAYER, MISSOURI ROUTE						
24. FUNERAL DIRECTOR Auto-Tune Home, Thayer mo ADDRESS				25. DATE RECD. BY LOCAL REG. 5-13-60		26. REGISTRAR'S SIGNATURE Arthur Wolfe							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Richard Cant

Licensed Embalmer No. 451

P. O. Address Weston

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.