

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

- 01-007362  
STATE FILE NUMBER

AMENDED Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 25

FILED VS FEB 21 1961

DATE AMENDED  
INSTEAD OF  
ITEM NO. SHOULD READ  
BY AFFIDAVIT OF

DOCUMENT  
MEDICAL CERTIFICATION

|   |   |  |  |   |   |
|---|---|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br>Vernon  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br>Missouri b. COUNTY<br>Vernon                                      |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN<br>Nevada   |   | Length of stay in lb.<br>57 years  | c. CITY<br>OR<br>TOWN<br>Nevada  |   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION<br>Nevada Hospital  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET<br>ADDRESS<br>529 South Washington   |   |   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>ALMA MARIE HESTER   |   |  | 4. DATE OF DEATH<br>Month Day Year<br>February 5 1961                                    |   |   |
| 5. SEX<br>Fm  | 6. COLOR OR RACE<br>Wh  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>6-20-1882  | 9. AGE (last birthday)<br>78  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>housewife  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Own home  | 11. BIRTHPLACE (City and state or country)<br>Carrolton, Missouri                        |   | 12. CITIZEN OF WHAT COUNTRY<br>USA              |
| 13a. FATHER'S NAME<br>George Marple   |   | 13b. MOTHER'S MAIDEN NAME<br>Marthe Gosnell  |  | 14. NAME OF HUSBAND OR WIFE<br>W. H. Hester, Deceased   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |   | 16. SOCIAL SECURITY NO.<br>None  | 17. INFORMANT<br>Helen Marple 529 S. Washington  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary occlusion</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>2 1/2 hours |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>fracture neck left femur</u>  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u>fracture neck left femur</u>  |  |   |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Jan 7 1961</u> to <u>Feb 5 61</u> and last saw her <u>alive on Feb 5, 1961</u><br>Death occurred at <u>2:15-5 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Clayton Pearson M.D.</u>   |   |  | 22b. ADDRESS<br><u>Nevada Mo</u>   |   | 22c. DATE SIGNED<br><u>2/10/61</u>              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   | 23b. DATE<br>February 7 1961  | 23c. NAME OF CEMETERY OR CREMATORY<br>Newton Burial Park   | 23d. LOCATION (City, town, or county)<br>Nevada  |   | 23e. STATE<br>Missouri                          |
| 24. FUNERAL DIRECTOR<br>Ferry Funeral Home  |   | ADDRESS<br>Nevada, Missouri  | 25. DATE RECD. BY LOCAL REG.<br>Feb 16-1961  | 26. REGISTRAR'S SIGNATURE<br><u>Anna E Jerry</u>  |   |

**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 James Douglas Griswold

Licensed Embalmer No. 5099

P. O. Address Nevada, Missouri

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.