

MISSOURI DIVISION OF HEALTH - ST.

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 14 -61-009824

FILED APR 11 1961

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>East Prairie.</u>		Length of stay in lb <u>Lifetime</u>		c. CITY OR TOWN <u>East Prairie</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East Prairie, Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>M.</u> Last <u>Kestner</u>				4. DATE OF DEATH Month <u>March</u> Day <u>29</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-14-1872</u>		9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u></u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Wyatt, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>John Kestner</u>				13b. MOTHER'S MAIDEN NAME <u>Katie Bailey</u>				14. NAME OF HUSBAND OR WIFE <u>The Kestner, East Prairie, Mo.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>The Kestner, East Prairie, Mo.</u> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> <u>Cerebral</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Injury to head when he fell</u> DUE TO (c) <u>Chronic Myocarditis.</u>										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)										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 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.) <u>Fell while going down steps.</u>									
20c. TIME OF INJURY Hour <u>12:00</u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u>3/28/61</u>													
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.) <u>Home of a friend</u>		20f. CITY, TOWN, OR LOCATION <u>Anniston, Mo.</u>		COUNTY <u>Miss.</u>		STATE <u>Mo</u>					
21. I attended the deceased from <u>8/2/58</u> to <u>3/28/61</u> and last saw her/him alive on <u>3/28/61</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Gordon C. Kempshell D.O.</u> (Degree or title)				22b. ADDRESS <u>210 Wash. Hs. East Prairie Mo</u>				22c. DATE SIGNED <u>4-1-61</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-31-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		23d. LOCATION (City, town, or county) <u>Charleston, Missouri</u>		(State)					
24. FUNERAL DIRECTOR <u>Travis Shelby, East Prairie, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>4-6-61</u>		26. REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>							

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address East Point

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.