ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-020741

STATE FILE NUMBER

AMENDED

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 26

FILED JUL 11 1961

1. PLACE OF DEATH
a. COUNTY CLINTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLATTSBURG — Length of stay in 1b 5 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WARREN-BAUMEIER REST HOME — Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY HOLT
c. CITY OR TOWN MOUND City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JOHN Middle Last HESTER
4. DATE OF DEATH Month July Day 6, Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/28/1881
9. AGE (last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY OIL + GASOLINE
11. BIRTHPLACE (City and state or country) HOLT Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME ROBERT HESTER
13b. MOTHER'S MAIDEN NAME MARY KYGER
14. NAME OF HUSBAND OR WIFE CHRISTINA HESTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address MRS. HELEN SUETTERLIN - MARYville 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 — INTERVAL BETWEEN ONSET AND DEATH 10 mins.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — 3+ yrs.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT 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 May 1, 1961, to July 6, '61 and last saw her/him alive on July 6, 1961
Death occurred at 4:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P V Luckenbill MD
22b. ADDRESS Plattsburg, Mo.
22c. DATE SIGNED 7-7-61

23a. BURIAL CREMATION REMOVAL (Specify) Removal
23b. DATE 7-9-1961
23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE
23d. LOCATION (City, town, or county) (State) MOUND City, MO.

24. FUNERAL DIRECTOR James H. Crawford — ADDRESS Mound City, Mo
25. DATE RECD. BY LOCAL REG. 7-8-1961
26. REGISTRAR'S SIGNATURE Mary W Scearce

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT | MEDICAL CERTIFICATION

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_____ Signed James H Crawfo

Signature of Student Embalmer

Licensed Embalmer No. 4796

P. O. Address Mound Ce

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.