

OUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045921

AMENDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 89
 FILED DEC 19 1961 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Naylor</u>		Length of stay in lb <u>3 weeks</u>		c. CITY OR TOWN <u>Naylor</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>at home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Gen. Delivery</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHESTER BRYAN KESTERSON</u>				4. DATE OF DEATH Month Day Year <u>December 8, 1961</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/19/1897</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timberworker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Logging</u>	11. BIRTHPLACE (City and state or country) <u>Clay Co., Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>James Kesterson</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Bryan</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Kesterson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				17. INFORMANT Address <u>Mrs. Susie Kesterson Naylor, Mo</u>				
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>Primary Cancer of Prostate - Metastases</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 years 9 mos.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		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 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.)				
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 <u>Feb. 21, 1959</u> to <u>Dec. 8, 1961</u> and last saw ^{her} him alive on <u>Dec. 8, 1961</u> Death occurred at <u>7:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>J. L. Smith, M.D.</u>				22b. ADDRESS <u>Naylor, Mo.</u>		22c. DATE SIGNED <u>12-12-61</u>		
23a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/11/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Oxly, Missouri</u>				
24. FUNERAL DIRECTOR <u>Edwards-Parrent</u>			ADDRESS <u>Naylor, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-16-61</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. [illegible]

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 *Gene H. Parson*

Licensed Embalmer No. 4809

P. O. Address *Weyler,*

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.