

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005165

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 13

AMENDED
FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> Elk Twp.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parma</u> Elk Twp.		Length of stay in 1b <u>life</u>	c. CITY OR TOWN <u>Parma</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rfd. 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>Rfd. 1</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Regina</u> Middle <u>Denise</u> Last <u>Hester</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>15</u> Year <u>1962</u>	
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5. SEX <u>female</u>	6. COLOR OR RACE <u>negro</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>11-3-1961</u>	9. AGE (last birthday) <u>2</u> Months <u>2</u> Days <u>2</u> Hours <u>2</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>	11. BIRTHPLACE (City and state or country) <u>Dexter, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LeArthur Hester</u>	13b. MOTHER'S MAIDEN NAME <u>Lorene McKeller</u>	14. NAME OF HUSBAND OR WIFE <u>child</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>X X X X X X X</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Lorene Hester</u> Address <u>Parma, Mo. R. 1</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Asphyxia and burns of entire body due to fire which destroyed her home</u>		<u>minutes</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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Fire destroyed family farm home and was unable to reach body of deceased until fire was extinguished.</u>
20c. TIME OF INJURY Hour <u>4 P.M.</u> Month, Day, Year <u>1-15-62</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>Farm home</u>	20f. CITY, TOWN, OR LOCATION <u>Parma, Mo. R. 1</u> COUNTY <u>Stoddard Co.</u> STATE <u>Mo.</u>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 4 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wanda Watkins</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Dexter, Missouri</u>	22c. DATE SIGNED <u>1-16-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>1-16-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dexter Colored Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>
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24. FUNERAL DIRECTOR <u>Watkins & Sons</u> ADDRESS <u>Dexter, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-17-62</u>	26. REGISTRAR'S SIGNATURE <u>Velma Jenkins</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 Was Not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

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.