

STANDARD CERTIFICATE OF DEATH

State File No. ....

ED FEB 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>	
c. LENGTH OF STAY (in this place) <b>26 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>321 N. Main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>321 N. Main St.,</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillie</b> b. (Middle) <b>Eleanor</b> c. (Last) <b>KESTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>March 28, 1861</b>		9. AGE (In years last birthday) <b>90</b>		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Danville, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Benjamin Bump</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Bushnell</b>		14. NAME OF HUSBAND OR WIFE <b>Landry Kester</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gertrude Kester Carthage, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Chronic</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Degenerative</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
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19a. DATE OF OPERATION <b>No</b>		19b. MAJOR FINDINGS OF OPERATION <b>4 2 2 1</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 30, 1952</b> to <b>Feb 11, 1952</b> , that I last saw the deceased alive on <b>Feb 4, 1952</b> , and that death occurred at <b>3:50 P.M.</b> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <b>George H. Wood M.D.</b>		23b. ADDRESS <b>Carthage, Mo.</b>		23c. DATE SIGNED <b>2-13-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-14-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>2-13-52</b>		REGISTRAR'S SIGNATURE <b>J.B. Clinton, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ulmer Funeral Home Carthage, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wood  
1-14-53

RECEIVED 2-21-52

Jasper County Health Office

County File Number 50/2/151

Date Filed 2-21-52

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 \_\_\_\_\_  
Student Embalmer

Signed *Ray E. Rose*

Licensed Embalmer No. 4779

P. O. Address *Garthage, 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 this body is not embalmed, fact should be so stated above.