

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18438

No. 300
10.48

FILED MAY 20 1953

State File No. _____
REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 232

195
0

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Joplin		c. CITY OR TOWN Joplin 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS 416 N. Pearl.	
3. NAME OF DECEASED (Type or Print) Hester		4. DATE OF DEATH (Month) (Day) (Year) 5-1-1953	
5. SEX F		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH 9-20-1894	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (State or foreign country) Arno Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Amos Gipson	
13b. MOTHER'S MAIDEN NAME Louise Turner		14. NAME OF HUSBAND OR WIFE William Wallace Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Wallace H. Wilson		17. ADDRESS 711 N. Sergeant, Mo.	
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) Carcinoma of Breast & bone + Cerebral Metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
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)		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 Sept 1, 1951, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.	
23a. SIGNATURE Jolie W. Koehler, MD		23b. ADDRESS Joplin, Mo.	
23c. DATE SIGNED 5-2-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5-2-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	
24d. LOCATION (City, town, or county) (State) Webb City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. 5-12-53		REGISTRAR'S SIGNATURE By Selma Lampkin	
25. FUNERAL DIRECTOR'S SIGNATURE Frankell - Dillon		ADDRESS Joplin Mo.	

RECEIVED 5-19-53
Jasper County Health Office

County File Number 53-5-426
Date Filed 5-19-53

MAY 21 1953

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.....

working under my personal supervision.

Student Embalmer No.....

Signed David Dillon

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.