

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0050732

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 479

FILED JAN 9 1967

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0941  
2 0940  
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4 0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Bismarck</u>	
Length of stay in 1b <u>2 Days</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		d. STREET ADDRESS (If outside, give location) <u>1/2 Mi. N. East Bismarck</u>	
3. NAME OF DECEASED (Type or print) <u>GERVIS LEMO LESTER</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>29</u> Year <u>1966</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>6-26-1903</u>
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Cleaner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Lesterville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William T. Lester</u>		13b. MOTHER'S MAIDEN NAME <u>Clarcie Coleman</u>	
14. NAME OF HUSBAND OR WIFE <u>Ora Lester</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>	
16. SOCIAL SECURITY NO. <u>493-03-8978</u>		17. INFORMANT <u>Ora Lester Bismarck, Missouri</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>Uremia</u> DUE TO (b) <u>Nephrotic syndrome &amp; Chronic renal disease</u> DUE TO (c) <u>Unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic lung disease undiagnosed</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <u>          </u> Month, Day, Year <u>          </u> a.m. <u>          </u> p.m. <u>          </u>	
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>27 Dec '67</u> to <u>29 Dec '67</u> and last saw him alive on <u>29 Dec '67</u> Death occurred at <u>29 Dec '67</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Doctor or title) <u>Stanley R. Spady, M.D.</u>	
22b. ADDRESS <u>W. Dosloze, M.D.</u>		22c. DATE SIGNED <u>Jan 2, 1967</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-2-1967</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>	
24. FUNERAL DIRECTOR <u>Shipman &amp; Sons</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 2, 1967</u>	
ADDRESS <u>Bismarck, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Ethel R. Redloff</u>	

USE BLACK INK OR OR TYPEWRITER RIBBON

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JAN 11 1967

FEB 2 1967

**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 John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, 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.