

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5130**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5368** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Blue)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Blue)	
c. LENGTH OF STAY (In this place) 21		d. STREET ADDRESS (If rural, give location) 43rd CRYSLER	
d. FULL NAME OF HOSPITAL OR INSTITUTION 43rd CRYSLER			

3. NAME OF DECEASED (Type or Print) William FREDERICK MESTEMACHER	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) FEB. 17 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 3, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR 2 Months	IF UNDER 4 HRS. 15 Days	IF UNDER 4 MINS. _____ Hours _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Augusta, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME August Mestemacher	13b. MOTHER'S MAIDEN NAME MARGARETTA TUEPKER	14. NAME OF HUSBAND OR WIFE CAROLINE M. MESTEMACHER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 495-05-5968	17. INFORMANT'S SIGNATURE OR NAME CARL F. Mestemacher	ADDRESS K.C. Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		38h
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular Failure DUE TO (c) Cardio-Renal Vascular Disease 10 yrs		10da
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			442h

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-15-50**, to **2-16-50**, that I last saw the deceased alive on **2-16-1950**, and that death occurred at **6 A.M.** from the causes and on the date stated above.

23a. SIGNATURE J. L. Johnson, M.D.	(Degree or title)	23b. ADDRESS Raytown, Mo.	23c. DATE SIGNED 2-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE (2/18/50)	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. Feb. 18-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Raytown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 24 RECD

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 E. Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown 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.