

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20316
State File No. 2586

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2586</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Wellington		0540			
d. FULL NAME OF HOSPITAL OR INSTITUTION Elms Conv. Home				d. STREET ADDRESS (If rural, give location)				X	
3. NAME OF DECEASED (Type or Print) a. (First) Frances			b. (Middle)			c. (Last) LESTER			
4. DATE OF DEATH (Month) (Day) (Year) June 10, 1950			5. SEX female			6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 1-22-62			9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Waterloo, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME --- Hafkemeier			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Frank Lester			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jas. Bell, Wellington, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH sudden	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis						10 yrs?	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>May 16</u> , 19 <u>50</u> , to <u>May 29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 29</u> , 19 <u>50</u> , and that death occurred at <u>2:00 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE Martin J. Mueller (Degree or title) <i>Martin J. Mueller M.D.</i>				23b. ADDRESS 934 Angyle Belg. K.C., Mo.			23c. DATE SIGNED June 10, 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/12/50		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri			
DATE REC'D BY LOCAL REG. 6-10-50		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheppard Funeral Home, Wellington, Mo.				

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

934 arville
Dr. Martin Mueckler
Va. 8227 - Office
No. 7687 - Rev.

130 to 5-30

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 J. Clair Shippard
Licensed Embalmer No. 4179
P. O. Address Wellington, 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.