

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

24123

State File No. ....

FILED AUG 12 1952

BIRTH. NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5431 Registrar's No. 28

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Londell</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Londell</u>		d. STREET ADDRESS (If rural, give location) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>John</u> c. (Last) <u>Mester</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 21 52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) _____	8. DATE OF BIRTH <u>2-16-1892</u>		9. AGE (In years last birthday) <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Mester</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Gloriod Mester</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ethel Mester, Londell, Mo</u>		
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) <u>Cardiac De-compensation-hypertrophy 24 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>passive congestion, c/lungs 1 wk</u> DUE TO (c) <u>pneumonia (lobar)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Irritation of lungs due to chemical irritant</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>490X</u>
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 <u>July 7, 1951</u> to <u>July 20, 1952</u> , that I last saw the deceased alive on <u>July 20, 1952</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John M. Williamson D.O.</u>		23b. ADDRESS <u>St. Clair, Mo</u>		23c. DATE SIGNED <u>7-22-52</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Londell Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-23-52</u>	REGISTRAR'S SIGNATURE <u>E. L. Worthington</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Casey &amp; Henry St. Clair, Mo</u>		

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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. 439

working under my personal supervision.

Student Robert  
Student Embalmer

Signed J. M. Lenoir

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.