

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17635

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6138 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Shelby Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri; b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bethel		c. CITY OR TOWN Bethel	
c. LENGTH OF STAY (in this place) 18 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi N.E. Bethel Mo.		STREET ADDRESS (If rural, give location) 1 mi N.E. of Bethel, Mo.	
3. NAME OF DECEASED a. (First) Russle b. (Middle) Ethel c. (Last) Mesmer		4. DATE OF DEATH (Month) (Day) (Year) May 26, 1954.	
5. SEX 4.1	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec-27-1892
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 4 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Knox Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Lee Latimer	
13b. MOTHER'S MAIDEN NAME Sally McGlasson		14. NAME OF HUSBAND OR WIFE Aaron Mesmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Aaron Mesmer		ADDRESS Bethel, 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: <i>Metastatic carcinoma of left Lung.</i> INTERVAL BETWEEN ONSET AND DEATH Aug. 1953 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Failure of heart</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mar. 2, 1950	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170 X	
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) m.		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 Aug 12, 1953, to May 26, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 6:00 P. M., from the causes and on the date stated above.			
23a. SIGNATURE Gladys Bauer 2 R.D.		23b. ADDRESS Shepina Mo.	
23c. DATE SIGNED June 2, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 28, 1954	
24c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery		24d. LOCATION (City, town, or county) (State) 2 1/2 mi N.E. Bethel Mo.	
DATE REC'D BY LOCAL REG. 2-3-54		REGISTRAR'S SIGNATURE 419 Ada Garrison	
25. FUNERAL DIRECTOR'S SIGNATURE O.W. Mesgrave		ADDRESS Bethel, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Self, Student Embalmer No. _____, working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. W. Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel

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.