

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12544

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 118   |  | PRIMARY REG. DIST. NO. 5437  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Gasconade   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo b. COUNTY Gasconade |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Rural (Bourbois) twns.  |  | c. LENGTH OF STAY (in this place)<br>5 yrs   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Rural Clay Twp 70                     |  | d. STREET ADDRESS (If rural, give location)   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Gasconade (Bourbois twns)   |  |  |  | d. STREET ADDRESS  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Walter   |  | b. (Middle)  |  | c. (Last) Mester   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>3 / 28 / 50                                |  |
| 5. SEX Male 0  |  | 6. COLOR OR RACE white   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 7   |  | 8. DATE OF BIRTH Sept. 8-1877   |  |
| 9. AGE (In years last birthday) 72   |  | 10. UNDER 1 YEAR 24  |  | 11. UNDER 1 MIN. Hours 20  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>farming   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>farm owner  |  | 11. BIRTHPLACE (State or foreign country)<br>Illinois  |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  |
| 13a. FATHER'S NAME<br>Edward L. Mester   |  | 13b. MOTHER'S MAIDEN NAME<br>Anna M. Gross   |  | 14. NAME OF <del>husband</del> OR WIFE<br>Mary Mester  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no   |  | 16. SOCIAL SECURITY NO.<br>unable to locate  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Ross Mester - Bland, R.R. Mo.   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Coronary Thrombosis.<br>DUE TO (c) Cholelithiasis Cholesterolosis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><br><br><br><br><br><br><br><br>5810        |  |
| 19a. DATE OF OPERATION<br>no   |  | 19b. MAJOR FINDINGS OF OPERATION<br>no   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br>no   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>no   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>no                               |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br>no   |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from March 14 <sup>th</sup> , 1950, to 3-14-, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00a. m.; from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br>E. Scott Mester  |  |  |  | 23b. ADDRESS<br>St. James Hospital & Clinic  |  | 23c. DATE SIGNED<br>3/30/50   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24b. DATE<br>3/30/50   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Union Cemetery   |  | 24d. LOCATION (City, town, or county) (State)<br>Bland, Gasconade County Mo         |  |
| DATE REC'D BY LOCAL REG.<br>April 1, 1950  |  | REGISTRAR'S SIGNATURE<br>Dorothy Beckman   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Sassmann's Funeral Service - Bland<br>Chester Sassmann                               |  | ADDRESS   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

District Health Officer No. 9,  
RECEIVED  
APR 14 1950  
District File Number

APR 19 1950  
APR 19 1950

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.

Signed

*Chester Sasemann*

Signed

Student Embalmer

Licensed Embalmer No.

4178

P. O. Address

*Bland - Ind.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.