No. 300
10.48

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

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28162

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5666 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Union
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Four miles west LaGrange, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Union
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Frederick
b. (Middle): Delbert
c. (Last): Wester

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 24, 1922
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Road District
11. BIRTHPLACE (City and State or Foreign Country): Bethel, Missouri.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Delbert Wester
13b. MOTHER'S MAIDEN NAME: Alberta Seeber
14. NAME OF HUSBAND OR WIFE: Violet Wester, LaGrange Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 472-28-6073
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Violet Wester, LaGrange, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1954, *to* Sept 1, 1954, *that I last saw the deceased alive on* Sept 1, 1954, *and that death occurred at* 7 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Dennis Transue (Degree or title) **23b. ADDRESS** Canton Mo **23c. DATE SIGNED** Sept 2 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 4, 1954
24c. NAME OF CEMETERY OR CREMATORY: Little Falls Cemetery
24d. LOCATION (City, town, or county) (State): Little Falls, Minnesota.

DATE REC'D BY LOCAL REG.: 9-3-54
REGISTRAR'S SIGNATURE: P. W. Jennings M.D. E.L.
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: J. Kenneth Bailey LaGrange, Mo.
(Licensed Embalmer's Statement on Reverse Side)

SEP 14 19

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. Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange, Ma.

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.