

1753-2361

REGISTRAR'S
NUMBER

CERTIFICATE OF DEATH

STATE
FILE NO

51-052704

1a NAME OF DECEASED—FIRST NAME Theodore		1b MIDDLE NAME H		1c LAST NAME Mesterly		2a DATE OF DEATH—MONTH DAY YEAR July 6, 1951		2b HOUR 7:30 P	
3 SEX male	4 COLOR OR RACE white	5 MARRIED, NEVER MARRIED, WIDOWED married		6 DATE OF BIRTH April 20, 1885		7 AGE (LAST BIRTHDAY) 66 YEARS		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES	
8a USUAL OCCUPATION (GIVE KIND OF BUSINESS OR INDUSTRY) carpenter		8b KIND OF BUSINESS OR INDUSTRY building		9 BIRTHPLACE (STATE OR FOREIGN) Nebraska		10 CITIZEN OF WHAT COUNTRY? U.S.A.			
11 NAME AND BIRTHPLACE OF FATHER Eugene Mesterly Iowa			12 MAIDEN NAME AND BIRTHPLACE OF MOTHER Dresher Nebraska			13 NAME OF SPOUSE (IF MARRIED) Eve Mesterly			
14 WAS DECEASED EVER IN U. S. ARMED FORCES? NO			15 SOCIAL SECURITY NUMBER			16 INFORMANT			
17a PLACE OF DEATH—CITY OR TOWN Clear lake Highlands			17b LENGTH OF STAY (IN THIS PLACE) 25 years			17c COUNTY Lake			
17d FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION—(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4th drive just off Baker st. in Clear lake Highlands									
18a STREET ADDRESS (IF RURAL, GIVE LOCATION) same as above			18b CITY OR TOWN Clear lake Highlands			18c COUNTY Lake		18d STATE California	
19 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (1) Carcinoma of Bladder									
ANTECEDENT CAUSES									
DISEASE CONDITIONS, IF ANY, GIVING DUE TO (B):									
DISEASE TO THE ABOVE CAUSE (A) STATING DUE TO (C):									
19 II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH									
20a DATE OF OPERATION Feb. 1950		20b MAJOR FINDINGS OF OPERATION Imp. Carcinoma of Bladder						21 AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
22a ACCIDENT SUICIDE HOMICIDE		22b PLACE OF INJURY (GIVE STREET, CITY, COUNTY, STATE)		22c LOCATION CITY OR TOWN COUNTY		22d STATE			
22e TIME OF INJURY		22f INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		22g HOW DID INJURY OCCUR?					
23a CORONER: I HEREBY CERTIFY THAT I HAVE HELD AN <input type="checkbox"/> AUTOPSY <input type="checkbox"/> INQUIRY, OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE.				23b PHYSICIAN: I HEREBY CERTIFY THAT I TENDED THE DECEASED FROM July 6, 1951, TO July 6, 1951, AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE.					
23c SIGNATURE S. J. Timmerman M.D.				23d ADDRESS Clear Lake Highlands				23e DATE SIGNED July 7, 1951	
24a BURIAL CREMATION REMOVAL <input type="checkbox"/> CREMATION		24b DATE 7-9-51		24c CEMETERY OR CREMATORY Clear Lake Cemetery		25 SIGNATURE OF EMBALMER Clay E. Wighting		25b LICENSE NUMBER 5418	
27 DATE RECEIVED BY LOCAL REGISTRAR 7-9-51				27a SIGNATURE OF LOCAL REGISTRAR Ralph N. Reed		27b SIGNATURE OF FUNERAL DIRECTOR Clay E. Wighting's Funeral Home			