

FILED FEB 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 15

1. PLACE OF DEATH  
a. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City

c. LENGTH OF STAY (In this place)

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Cole

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centertown

d. STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED  
a. (First) Rachel Bell b. (Middle) Kieselbach c. (Last) Kieselbach

4. DATE OF DEATH (Month) (Day) (Year)  
Jan. 22, 1949

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 3 1883

9. AGE (In years last birthday) 65

IF UNDER 1 YEAR Months 6 Days 19  
IF UNDER 24 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own

11. BIRTHPLACE (State or foreign country) Aroura Springs, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME J.W. Cain

13b. MOTHER'S MAIDEN NAME Margaret McClaine

14. Benjamin Kieselbach  
~~MR BX BX KESSELBACH~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs B. Loethen Jefferson City

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Heart Disease with Congestive Failure.

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) 1701

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Breast, left.

INTERVAL BETWEEN ONSET AND DEATH 3 mos.

7 yrs.

19a. DATE OF OPERATION 1942

19b. MAJOR FINDINGS OF OPERATION Carcinoma left Breast.

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 April, 1947, to Jan. 22, 1949, that I last saw the deceased alive on Jan. 22, 1949, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. P. Davis M.D.

23b. ADDRESS Jefferson City, Mo.

23c. DATE SIGNED 1-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 24 1949

24c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery

24d. LOCATION (City, town, or county) (State) Centertown, Mo.

DATE REC'D BY LOCAL REG. Jan 25 1949

REGISTRAR'S SIGNATURE R. P. Davis M.D. - NR

25. GENERAL DIRECTOR'S SIGNATURE ADDRESS  
Victor Busch Jefferson City Mo

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed FEB 2 1949

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 Victor Buscher  
Licensed Embalmer No. 3701  
P. O. Address Jefferson City, 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.