

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7332

FILED FEB 17 1951

State File No. ....

1090  
 1

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

BIRTH NO. _____		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>6235</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holstein</u>		c. LENGTH OF STAY (in this place) <u>73 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holstein</u>		<u>1090</u> <u>12</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u>			b. (Middle) <u>Henry</u>		c. (Last) <u>Kersten</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 20, 1977</u>		9. AGE (In years) (If under 1 year: Months) (If under 12 hrs.: Hours) (Min.) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Treloar, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ernst Kersten</u>			13b. MOTHER'S MAIDEN NAME <u>Lisette Hoelscher</u>			14. NAME OF HUSBAND OR WIFE <u>Alvina Kersten</u>			
15. WAS DECEASED EVER-IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.H. Kersten Holstein Mo</u>				
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* (a) <u>Acute myocardial infarction</u>  ANTECEDENT CAUSES DUE TO (b) <u>coronary sclerosis</u> DUE TO (c) <u>general arterio sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 min</u> <u>5 yrs</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		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 <u>Sept 10, 1941</u> to <u>Feb 10, 1951</u> , that I last saw the deceased alive on <u>Feb 9, 1951</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>MD Chester O. Wood</u>				23b. ADDRESS <u>Marshall Mo 671151</u>		23c. DATE SIGNED <u>2-11-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Imanuels Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holstein, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2/17/51</u>		REGISTRAR'S SIGNATURE <u>H.C. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred W. Lichtub</u>		ADDRESS <u>Marthasville, Mo.</u>			

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

FEB 16 1951

RECEIVED

JUN 19 1952

MAR 1 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Fred W. Lichtenberg*

Signed.....  
Student Embalmer

Licensed Embalmer No. *1321*

P. O. Address *Martha ville 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.

*Received 9/11/51*