

S. No. 300
V. 10.48

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13311

3681

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker	
d. FULL NAME OF HOSPITAL OR INSTITUTION 803 North Oak St		d. STREET ADDRESS (If rural, give location) 803 North Oak St	
3. NAME OF DECEASED (Type or Print) a. (First) Mathelda b. (Middle) A c. (Last) Kiesling			4. DATE OF DEATH (Month) (Day) (Year) May 4 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 7, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 75 # UNDER 1 YEAR 11 MONTHS 27 DAYS 11 HOURS 27 MIN.
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charley Lenger		13b. MOTHER'S MAIDEN NAME Minnie Hampeter	
14. NAME OF HUSBAND OR WIFE		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. None		17. INFORMANT'S SIGNATURE OR NAME Louise Kiesling California 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		DUE TO (b) arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) California Moniteau MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 May 1, 1951 , to May 2, 1951 , that I last saw the deceased alive on May 3, 1951 , and that death occurred at 1 A.M., from the causes and on the date stated above.	
23a. SIGNATURE D. H. Bowen (Deputy or title)		23b. ADDRESS California	
23c. DATE SIGNED 5/5/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/6/1951		24c. NAME OF CEMETERY OR CREMATORY Luthern Cemetery	
24d. LOCATION (City, town, or county) (State) California, MO		25. FUNERAL DIRECTOR'S SIGNATURE Earl Bowen - California	
DATE REC'D BY LOCAL REG. 5-5-51		REGISTRAR'S SIGNATURE N.R. Popovoy 202	
25. ADDRESS California		26. ADDRESS California	

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

(Licensed Embalmer's Statement on Reverse Side)

7110

RECEIVED

5-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-10-51

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 _____
Student Embalmer

Signed Earl R. Bonchin

Licensed Embalmer No. 2126

P. O. Address California

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.