

FILED JUN 28 1951 - STANDARD CERTIFICATE OF DEATH

State File No. **20949**
Registrar's No. **196**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 196	
1. PLACE OF DEATH a. COUNTY Pe-t-tis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp		10-20	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) a. (First) Philip		b. (Middle) Edward		c. (Last) Kreisel		4. DATE OF DEATH (Month) (Day) (Year) June 11th 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 3rd 1879	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Frank Kreisel		13b. MOTHER'S MAIDEN NAME Katherine Hoshagen		14. NAME OF HUSBAND OR WIFE Augusta Minnie Kreisel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-20-9869A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Kreisel Cole Camp 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES DUE TO (b) Coronary insufficiency DUE TO (c) arteriosclerosis (atherosclerosis) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy & cystitis				INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 9 mos. ? 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none 4/201				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 Sept - 1945 , to June 11, 1951 , that I last saw the deceased alive on June 11, 1951 , and that death occurred at 3:35 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE G. S. Hodges, M.D. (Degree or title)				23b. ADDRESS 312 1/2 S. Ohio St., Sedalia, Mo.		23c. DATE SIGNED 6/14/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 14 1951		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Benton County Missouri	
DATE REC'D BY LOCAL REG. 6/14/51		REGISTRAR'S SIGNATURE C. J. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE E. L. Eichhoff		ADDRESS Cole Camp Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

804
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RECEIVED 6-27-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-27-51

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

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed B. L. Eckhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.