

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6092 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>Sabine</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sabine</u>	
b. CITY OR TOWN <u>Marshall Twp.</u>	c. LENGTH OF STAY (In this place) <u>1746m166</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Twp.</u> <u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School</u>		d. STREET ADDRESS (If rural, give location) <u>Mo State School</u>	
3. NAME OF DECEASED a. (First) <u>Harry</u> b. (Middle) <u>Carl</u> c. (Last) <u>Kiersch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20 1967</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jun 11-1921</u>
9. AGE (In years last birthday) <u>20</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patient</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Patient</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harry N. Hersch</u>		13b. MOTHER'S MAIDEN NAME <u>Brytha M. Schen</u>	
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) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mo State School</u> ADDRESS <u>Marshall 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Low diet, 2 1/2 days</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>002x</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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>Aug 15</u> , 19 <u>46</u> , to <u>Aug 20</u> , 19 <u>67</u> , that I last saw the deceased alive on <u>Aug 10</u> , 19 <u>67</u> , and that death occurred at <u>9 20</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. H. Davidson, Jr.</u> (Degree or title) _____		23b. ADDRESS <u>Mo State School</u>	
23c. DATE SIGNED <u>Aug 20 1967</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Sept 6-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mo. State Anatomical Bldg.</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u> ADDRESS <u>Marshall Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 6-1951</u>		REGISTRAR'S SIGNATURE <u>Ridney F. Gray</u>	

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

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RECEIVED 9-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-10-51

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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.

Signed Joseph R. Mackler

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4571

P. O. Address Marshall Ave

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.