

No. 300
10.48

FILED OCT 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29436

State File No.

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4040 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Benton</u>			2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>		c. LENGTH OF STAY (in this place) <u>8 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u> <u>0000</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION -----			d. STREET ADDRESS (If rural, give location) -----		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Agusta</u> b. (Middle) ----- c. (Last) <u>Kaiser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15th 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 30th 1872</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Gottlieb Gliedt</u>		13b. MOTHER'S MAIDEN NAME <u>Johana Peppermeyer</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Kaiser</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>Ernest Kaiser Cole Camp 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>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			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) <u>Benton County</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>1-2-51</u> , 19 <u>51</u> , to <u>9-15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-14-51</u> , 19 <u>51</u> , and that death occurred at <u>4:30 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>G. W. Mauland</u>			23b. ADDRESS <u>21 Cole Camp, Mo.</u>		23c. DATE SIGNED <u>9-17-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-17-51</u>		REGISTRAR'S SIGNATURE <u>E L Eickhoff</u> 394		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E L Eickhoff Cole Camp, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1961 9T 100

RECEIVED 10-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-4-51 _____

OCT 23 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed E L Eichelsoff

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.