No. 300
10-48

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

FILED SEP 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30609

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jasper
c. LENGTH OF STAY (In this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jasper 0490
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) H c. (Last) PIESEN
4. DATE OF DEATH (Month) (Day) (Year): September 17, 1951
5. SEX: Male
6. COLOR OR RACE: ~~Male~~ W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 28, 1874
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant-Proprie
10b. KIND OF BUSINESS OR INDUSTRY: Retail Variety Store
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Benjamin Peisen
13b. MOTHER'S MAIDEN NAME: Marie Muller
14. NAME OF HUSBAND OR WIFE: Thressa Hayes Peisen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Thressa Hayes Peisen ADDRESS: Jasper, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Oesophagus Cancer — INTERVAL BETWEEN ONSET AND DEATH: 2 M.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) — 150X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

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) LAMAR (COUNTY) Barton (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7, 19 51, *to* Sept. 17, 19 51, *that I last saw the deceased alive on* Sept 15, 19 51, *and that death occurred at* 8:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. Guldner (Degree or title) M.D.
23b. ADDRESS: LAMAR
23c. DATE SIGNED: 9.17.51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 20, 1951
24c. NAME OF CEMETERY OR CREMATORY: Eldora
24d. LOCATION (City, town, or county) (State): Eldora, Iowa

DATE REC'D BY LOCAL REG.: 9-18-51
REGISTRAR'S SIGNATURE: L B Clinton, MD
25. FUNERAL DIRECTOR'S SIGNATURE: Martin Selvey ADDRESS: Shafer & Selvey, Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-27-51
Jasper County Health Office
County File Number 53/9/759
Date Filed 9-27-51

JUL 1 1957

JUL 10 1957

JUL 11 1957

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 George W. Newcomb
Licensed Embalmer No. 4671
P. O. Address Lockwood, 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.