

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

138

State File No.

LED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 3708 Registrar's No. 3

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 town OR TOWN <u>Rural Williams Twp</u>)		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Rural Williams Township</u>)	
c. LENGTH OF STAY (in this place) <u>38 yrs</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>7 Miles North West of Cole Camp</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles North West of Cole Camp</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leonard</u>	b. (Middle) <u>K</u>	c. (Last) <u>Kaiser</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan</u> <u>29</u> <u>1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 9th 1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
---	---	---	---

13a. FATHER'S NAME <u>Leonard Kaiser</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Aufdenbrink</u>	14. NAME OF HUSBAND OR WIFE <u>Anna 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 <u>Ernest Kaiser</u>	ADDRESS <u>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, ashenia, 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) <u>Coronary Embolus</u>		
	ANTECEDENT CAUSES Morbidity 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) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 noon, 1952, to noon, 1952, that I last saw the deceased alive on Jan 30, 1952, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G.W. Moreland</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Cole Camp Mo</u>	23c. DATE SIGNED <u>1-30-52</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 31st 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Benton County Missouri</u>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan 30 1952</u>	REGISTRAR'S SIGNATURE <u>E. L. Eichhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eichhoff</u>	ADDRESS <u>Cole Camp Mo</u>
---	---	--	-----------------------------

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

0080

0080

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 Eichhoff

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.