

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8847

State File No. ....

No. 3007 ED APR 7 1952

REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP	
c. LENGTH OF STAY (In this place) 6 YEARS		d. STREET ADDRESS (If rural, give location) NEAR ANTONIA MO 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION ANTONIA, MO			
3. NAME OF DECEASED a. (First) L I S E T T A (Type or Print)		b. (Middle) K L E I S N E R c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 21 1952			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV 20 1872
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min. 4 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORT	
11. BIRTHPLACE (State or foreign country) ST. GENEVIEVE MO		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE SINGLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME JOHN PLEMER		ADDRESS PEVELY MO R.R. I	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inferior of old age	
INTERVAL BETWEEN ONSET AND DEATH years? years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE (Specify) <input checked="" type="checkbox"/> HOMICIDE		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) m. <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1946, to Mar 27, 1952, that I last saw the deceased alive on Mar 21, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Othmar J. Sum M.D.		23b. ADDRESS Bushport MO	
23c. DATE SIGNED Mar 24/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 24 1952	
24c. NAME OF CEMETERY OR CREMATORY ANTONIA MO CEMETERY		24d. LOCATION (City, town, or county) (State) ANTONIA MO	
DATE REC'D BY LOCAL REG. 3-29-52		REGISTRAR'S SIGNATURE Ruth Jissa 438	
25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAC FUNERAL HOME ANTONIA MO		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

500

X

DATE RECEIVED APR 1 1952  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

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 *Elmer H. Halistag*.....

Licensed Embalmer No. *3571*.....

P. O. Address *Imperial*.....

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.