S. No. 300
v. 10.48

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12256

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 137

0164
1

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

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 515 So Spring ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau 0164
d. STREET ADDRESS (If rural, give location) 515 So Spring ST

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ANN c. (Last) KASSEL

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 20-1863
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months 7 Days 12 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Evansville Ind
12. CITIZEN OF WHAT COUNTRY? N.A.

13a. FATHER'S NAME John C. Faust ~~Kassel~~
13b. MOTHER'S MAIDEN NAME Katharine Siegel ~~Faust~~
14. NAME OF HUSBAND OR WIFE John Kassel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME John Kassel ADDRESS Cape Girardeau Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Interstitial nephritis — 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) Senility
DUE TO (c)

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 592X
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) (COUNTY) (STATE)

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* Feb., 1950, *to* May 2nd, 1952, *that I last saw the deceased alive on* May 2nd, 1952, *and that death occurred at* 10:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE C. B. Schultz (Degree or title) M. D.
23b. ADDRESS Cape Girardeau, Mo.
23c. DATE SIGNED 5/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/5/52
24c. NAME OF CEMETERY OR CREMATORY Loremie Cemetery
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo

DATE REC'D BY LOCAL REG. 5-4-52
REGISTRAR'S SIGNATURE C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE J. L. Howell - ADDRESS Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Gir 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.