

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19372
State File No. _____
Registrar's No. 35

FILED JUN 17 1952

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5113

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

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. F Bollinger	
b. CITY OR TOWN RURAL Rt 1 Patton		c. CITY OR TOWN RURAL Rt 1 Patton, Mo.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) W.	c. (Last) Kaiser	4. DATE OF DEATH (Month) (Day) (Year) JUNE 7, 1952
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH April 17, 1873	9. AGE (In years last birthday) 79 Months 1 Days 20	IF UNDER 1 YEAR: Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Henry Kaiser	13b. MOTHER'S MAIDEN NAME Rachel Johnson	14. NAME OF HUSBAND OR WIFE MARY E. Kaiser
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-26-7476	17. INFORMANT'S SIGNATURE OR NAME Sonie Miller Patton, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) none		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **(I was not in attendance)**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Kenneth Phulewood 2	23b. ADDRESS Frederickton, Mo	23c. DATE SIGNED 6/10/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/9-1952	24c. NAME OF CEMETERY OR CREMATORY Patton	24d. LOCATION (City, town, or county) (State) PATTON, MO
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DATE REC'D BY LOCAL REG. June 12, 52	REGISTRAR'S SIGNATURE Willie C. Cuthbert	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell	ADDRESS Flat River, Mo.
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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 R. Caldwell.....

Licensed Embalmer No. 2531.....

P. O. Address Flat River 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.