

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20058

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5442 Registrar's No. 8

1370

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland Rural</u>	
c. LENGTH OF STAY (In this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. N. W. of Pershing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi. N. W. of Pershing</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. N. W. of Pershing</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>August</u> c. (Last) <u>Kessler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-24-1892</u>	
9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 18 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Pershing, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>August Kessler</u>		13b. MOTHER'S MAIDEN NAME <u>Magdalena Held</u>	
14. NAME OF HUSBAND OR WIFE <u>Alma Kessler</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>Raymond Kessler</u>		ADDRESS <u>Hermann, Mo.</u>	
18. CAUSE OF DEATH PER line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF THE COMMON DUCT</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <u>4-18-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF COMMON DUCT WITH METASTASES</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>155X</u>			
22. I hereby certify that I attended the deceased from <u>1-12</u> , 19 <u>48</u> , to <u>6-16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-8</u> , 19 <u>52</u> , and that death occurred at <u>3:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Cavel T. Shaw MD</u>		23b. ADDRESS <u>Hermann, Mo.</u>	
23c. DATE SIGNED <u>6-16-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-18-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Zion's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pershing Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/16/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hermann, Mo.</u>	

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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 Hugo S. Blumel

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.