

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1953

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau 0164	
c. LENGTH OF STAY (in this place) 35 yr		d. STREET ADDRESS (If rural, give location) 822 William	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home			

3. NAME OF DECEASED (Type or Print) Reinhold S Kasten			4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 24 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 11 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Keeper		10b. KIND OF BUSINESS OR INDUSTRY Bank- Bldg. Loan		11. BIRTHPLACE (City and State or Foreign Country) Shawneetown Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Charles Kasten	13b. MOTHER'S MAIDEN NAME Julianna Lehner	14. NAME OF HUSBAND OR WIFE Lina Kasten, Cape
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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. 490-05-5153	17. INFORMANT'S SIGNATURE OR NAME Miss Lina Kasten	ADDRESS Cape Girardeau Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
	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)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **Jan 25th 1953**, to **Jan 25th 1953**, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) Dr. D.	23b. ADDRESS 605 Broadway Cape Girardeau, Mo.	23c. DATE SIGNED 1/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan - 28 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
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DATE REC'D BY LOCAL REG. 1-28-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Cape Girardeau Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0164

001 29 1957

001 8 100

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. ESTER

Licensed Embalmer No. 3568

P. O. Address Cape Fear Ins.

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.