

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2489**

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) 13 yrs.		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 624 East 15th		d. STREET ADDRESS (If rural, give location) 624 East 15th	

3. NAME OF DECEASED (Type or Print)	a. (First) MINNIE	b. (Middle) AUGUSTA	c. (Last) KREISEL	4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 8, 1879	9. AGE (In years: last birthday) (Months) (Days) 73 2 7	IF UNDER 1 YEAR 7 Hours	IF UNDER 24 HRS. 0 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home-making	11. BIRTHPLACE (City and State or Foreign Country) Pettis County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Gallies	13b. MOTHER'S MAIDEN NAME Catherine Zimmerschied	14. NAME OF HUSBAND OR WIFE Phillip E. Kreisel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. W.E. Gard, 624 East 5th, Sedalia, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		30 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) A.S.H.D. DUE TO (c) 1		20 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza. Rheumatoid Arthritis		4200	1 day & 4 hrs.

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 **1-14, 1953**, to **1-15, 1953**, that I last saw the deceased alive on **1-14, 1953**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Alvin J. Lowe M.D. (Degree or title)	23b. ADDRESS 418 1/2 S Ohio, Sedalia, Mo.	23c. DATE SIGNED 1-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Cole Camp Cemetery	24d. LOCATION (City, town, or county) (State) Cole Camp, Mo.
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DATE REC'D BY LOCAL REG. 1/17/53	REGISTRAR'S SIGNATURE A. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. E. Ewing Sedalia, No.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

204
1

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.