

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18451

State File No. \_\_\_\_\_ Registrar's No. 103

No. 304 FILED MAY 22 1953

10-48

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>302</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		<u>0493</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Central Park</u>				d. STREET ADDRESS (If rural, give location) <u>137 Lyon St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>			b. (Middle) _____		c. (Last) <u>MIESSEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 14-1872</u>		9. AGE (In years last birthday) <u>81</u>	10. MONTHS _____	11. DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. railroadman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>rr</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Zula Stephenson Miesen</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 AND ADDRESS <u>Harry Stephenson, 2217 Fairlawn Dr. Carthage</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>  ANTECEDENT CAUSES <i>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>hypertension</u>  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>  <u>unk.</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>did not attend</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Acting Coroner</u>				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>5-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5-20-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Semetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburg, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>5-19-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Knell Mortuary, Carthage, Mo</u>			

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

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RECEIVED 5-21-53

Jasper County Health Office

County File Number 53-5-448

Date Filed 5-21-53

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

*Frank W. Kroll*

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.