

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25362

FILED AUG 3 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 831

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 2620 Folsom St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2620 Folsom St.		e. FULL NAME OF HOSPITAL OR INSTITUTION 2620 Folsom St.	

3. NAME OF DECEASED (Type or Print) a. (First) Casper b. (Middle) Weckerlin c. (Last) Kist			4. DATE OF DEATH July 23, 1953		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH June 18, 1890		9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) laborer retired		10b. KIND OF BUSINESS OR INDUSTRY copper works		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Egid Kist		13b. MOTHER'S MAIDEN NAME Anna Weckerlin		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. J. Collins, 2620 Folsom, St. Joseph, Mo.	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Coronary arteries sclerosed 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.		INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 3 pm.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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?	

22. I hereby certify that I attended the deceased from 7/23, 1953, to 7/23, 1953, that I last saw the deceased alive on 7/23, 1953, and that death occurred at 5:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE Francis Nardigan MD		23b. ADDRESS 670 Monroe St		23c. DATE SIGNED 7/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/25/1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri					

DATE REC'D BY LOCAL REG. July 29, 1953		REGISTRAR'S SIGNATURE Ethel M. Allison		GENERAL DIRECTOR'S SIGNATURE Beatrice Beaman	
		ADDRESS General Home, Inc		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

SEP 18 1958

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 10th St Joseph, 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.