

FILED OCT 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34757

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 1152a Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Kelso Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Kelso Twp - 1000</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mi SOUTH OF KELSO, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME 1 MI. S OF KELSO, MO</u>			
3. NAME OF DECEASED a. (First) <u>PAULA</u> (Type or Print)		b. (Middle) <u>LEONA</u>	
		c. (Last) <u>MESSMER</u>	
4. DATE OF DEATH <u>SEPT 14, 1953</u> (Month) (Day) (Year)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 2, 1890</u>
9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>KELSO, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Seyer</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Neuninger</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Messmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Messmer</u> ADDRESS <u>Commerce Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis generalized</u> <u>5 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>auricular fibrillation</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>4200</u> - YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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>Sept 5, 1953</u> , to <u>Sept 14, 1953</u> , that I last saw the deceased alive on <u>Sept 14, 1953</u> , and that death occurred at <u>4 9 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward D. Campbell MD</u>		23b. ADDRESS <u>Capt. Menden MD</u>	23c. DATE SIGNED <u>9/15/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Augustines</u>	24d. LOCATION (City, town, or county) (State) <u>Kelso Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-16-53</u>	REGISTRAR'S SIGNATURE <u>306-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Biplinghoff Funeral Home</u> ADDRESS <u>Kelso, Mo</u>	

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

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RECEIVED SEP 28 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 953-222

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 Oliver Clum

Licensed Embalmer No. 4470

P. O. Address Ilmo, 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.