

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35126**

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **1108**

0110

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

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN Rural-- Washington Twp/ 58 yrs. c. LENGTH OF STAY (In this place) 58 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION R#5 Sparta Road. St. Joseph, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Washington Township 0110 0 d. STREET ADDRESS (If rural, give location) R#5. Sparta Road. St. Joseph, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) E. c. (Last) Kirschner			4. DATE OF DEATH (Month) (Day) (Year) October 14, 1953.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH September 8, 1871
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Platte County, Missouri. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Adam Renner		13b. MOTHER'S MAIDEN NAME Elizabeth Klamm	14. NAME OF HUSBAND OR WIFE George E. Kirschner
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. None	17. INFORMANT'S SIGNATURE OR NAME St. Joseph, Mo. Miss. Helen Elizabeth Kirschner R# 5.
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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 Day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart Disease unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200		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 <u>Feb 11, 1953</u>, to <u>Oct 14, 1953</u>, that I last saw the deceased alive on <u>Oct 14, 1953</u>, and that death occurred at <u>12:45P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Gustav A. [Signature]		23b. ADDRESS 280 Kirkpatrick Bldg. St. Joseph Mo.	23c. DATE SIGNED 10-15-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 17, 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. Oct 20, 1953	REGISTRAR'S SIGNATURE Loather M. Allison 483		25. FUNERAL DIRECTOR'S SIGNATURE Meisshoffer-Fulman, Inc. St. Joseph, Mo.

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 Edward E. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.