

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35264

State File No. _____

FILED OCT 27 1953

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 50

0161

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson Mo</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4214 Warrington Ave.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson Mo</u>	
		d. STREET ADDRESS (If rural, give location) <u>4214 Warrington Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HOUSIE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>KAISER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 14 1875</u>	9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Friedheim Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>W. Wickman</u>		13b. MOTHER'S MAIDEN NAME <u>Ruschoff</u>		14. NAME OF HUSBAND OR WIFE <u>Hy Kaiser</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Flora Kaiser Jackson Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		DUE TO (b) <u>Work stress</u>		<u>24h</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Sept 1 1943 to Oct 18 1953, that I last saw the deceased alive on Oct 18 1953, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. S. Sibley M.D.</u>		23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>10-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Oct 30 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	
24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. Combs 4214 W. Jackson Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct 20 53</u>		REGISTRAR'S SIGNATURE <u>D. S. Sibley 430</u>			

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 *Bl Meyer*.....

Licensed Embalmer No. 3051.....

P. O. Address Jackson 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.