

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

7983

State File No. ....

FILED MAR 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 155

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Carroll.</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll.</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Carrollton.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Norborne.</u>  |  |
| c. LENGTH OF STAY (in this place)<br><u>2 days</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>206 east second street.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Atwood Hospital.</u>                                 |  |   |  |

|   |                             |                           |   |
|---|-----------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Walter</u> | b. (Middle) <u>Fredrick</u> | c. (Last) <u>Kirsten.</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 16 1954</u> |
|---|-----------------------------|---------------------------|---|

|                    |                               |   |  |   |   |   |
|--------------------|-------------------------------|---|--|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 10, 1915.</u> | 9. AGE (In years last birthday) <u>38</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--|---|---|---|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Painter</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>House Painter.</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Norborne Carroll County Mo.</u> | 12. CITIZENSHIP OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|---|--|---|---|

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|--|---|--|
| 13a. FATHER'S NAME<br><u>Kiel Kirsten.</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Lydia Wolf.</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Mrs Vera Kirsten</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes War 2.</u> | 16. SOCIAL SECURITY NO.<br><u>487.12.2645</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs Walter A Kirsten</u> | ADDRESS<br><u>Norborne Mo</u> |
|---|---|--|-------------------------------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.<br>(a) <u>Acute Cardiac Failure</u><br>(b) <u>Bronch. Pneumonia, severe, bilateral</u><br>(c) <u>Veracella</u>                  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 hrs</u><br><u>3 days</u><br><u>5 days</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b)<br><br>DUE TO (c)                          |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Acute peripheral Circulatory Failure</u> |  |  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>087x</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 3-15, 1954, to 3-16, 1954, that I last saw the deceased alive on 3-16, 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

|                                       |                                  |   |                                    |
|---------------------------------------|----------------------------------|---|------------------------------------|
| 23a. SIGNATURE<br><u>John H. Latz</u> | (Degree or title)<br><u>M.D.</u> | 23b. ADDRESS<br><u>Carrollton, Missouri</u> | 23c. DATE SIGNED<br><u>3/18/54</u> |
|---------------------------------------|----------------------------------|---|------------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>March 19 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Fairhaven Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Norborne, Missouri</u> |
|--|-----------------------------------|---|--|

|  |  |    |  |                               |
|--|--|----|--|-------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>3-19-54</u> | REGISTRAR'S SIGNATURE<br><u>Mrs. Barbara Calvert</u> | 45 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>John B. Dreitch</u> | ADDRESS<br><u>Norborne Mo</u> |
|--|--|----|--|-------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 26 1957

APR 15 1957

MAY 14 1957

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norbone 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.