

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 14 1954

1374

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>19 &amp; 6</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>50 3720 Indiana</u>					
3. NAME OF DECEASED (Type or Print) <u>Jonathan</u>			a. (First)	b. (Middle)	c. (Last) <u>Gisler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 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>3-20-1866</u>		9. AGE (in years last birthday) <u>87</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gospel</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Switzerland 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. Tabea Gisler</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 <u>Mrs. Tabea Gisler</u> ADDRESS <u>3720 Indiana</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				DUPLICATE				<u>3-4 hrs.</u>	
ANTECEDENT CAUSES				DUE TO (b) <u>Surgery</u>				<u>5-6 hrs.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Very old fall - Bladder Carcinoma 5 yrs.</u>									
19a. DATE OF OPERATION <u>24 Mar 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Resected bladder papilloma</u>				181X		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>Oct 48</u> , to <u>24 Mar 54</u> , that I last saw the deceased alive on <u>24 Mar 1954</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE OF A. <u>Alloyd Stockwell M.D.</u> (Name or title) MD				23b. ADDRESS <u>600 Profess Bldg</u>				23c. DATE SIGNED <u>25 Mar 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-27-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Mem. Gdns.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-27-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Floral Hills Memorial Chapels</u> ADDRESS <u>K.C. Mo.</u>			

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

APR 14 1955

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 *Ray C. McCall*

Licensed Embalmer No. *4853*

P. O. Address *R. C. McCall*

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.