

FILED MAY 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 15345

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 6307 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give town) Lohman- Rural		c. CITY (If outside corporate limits, write RURAL and give township) Lohman- Rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2260	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) E. c. (Last) Kiesling			4. DATE OF DEATH (Month) (Day) (Year) 5-16-54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 8-11-1906		9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months 9 Days 5 IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid -none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Cole County, Mo.	
13a. FATHER'S NAME John Kiesling			13b. MOTHER'S MAIDEN NAME Christine Linhardt		14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Edgar Blochberger- ADDRESS Russellville Mo.	

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) paralysis		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis				
		DUE TO (c) cerebral appoplexy				
II. OTHER SIGNIFICANT CONDITIONS		gangrene				
Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? never	
22. I hereby certify that I attended the deceased from April , 1954, to May 16, 1954 , that last saw the deceased alive on _____, 19____, and that death occurred at 2 to m., from the causes and on the date stated above.					
23a. SIGNATURE W. L. Leslie M.D. (Degree or title)				23b. ADDRESS Russellville Mo.	
23c. DATE SIGNED 5-17-54					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-18-54		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	
				24d. LOCATION (City, town, or county) (State) Lohman, Mo.	

DATE REC'D BY LOCAL REG. May 18-1954		REGISTRAR'S SIGNATURE Mrs Mamma Hittinger		25. FUNERAL DIRECTOR'S SIGNATURE Herbert Schubert ADDRESS Russellville Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Hugo K. Schuchert

Licensed Embalmer No. 2870

P. O. Address Russellville

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.