No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18607

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 626

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 23 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ozark Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN: Humansville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0840

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Al
c. (Last): Kessler

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: Dec. 30, 1870
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 5, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Variety Store
11. BIRTHPLACE (City and State or Foreign Country): Springfield, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.A.

13a. FATHER'S NAME: William W. Kessler
13b. MOTHER'S MAIDEN NAME: Anna Williams
14. NAME OF HUSBAND OR WIFE: Mrs. Frankie Kessler

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.: No
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. Fred Kessler, Humansville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral thrombosis
DUE TO (c) Advanced Cerebral arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. prostatic hypertrophy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332 X
20. AUTOPSY? YES [ ] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/5/54, 19__, *to* 6/28/54, 19__, *that I last saw the deceased alive on* 6/28/54 19__, *and that death occurred at* 2:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leland E Wetzel (Degree or title) DO
23b. ADDRESS: 700 E. Sunshine, Springfield, Mo.
23c. DATE SIGNED: 6/28/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-28-54
24c. NAME OF CEMETERY OR CREMATORY: Humansville Cemetery
24d. LOCATION (City, town, or county) (State): Humansville, Missouri

DATE REC'D BY LOCAL REG.: 7-1-54
REGISTRAR'S SIGNATURE: Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Beckwith Funeral Home Humansville

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1954

JAN 22 1958

FEB 10 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humanville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.