

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23482

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5606</u>		Registrar's No. <u>21</u>			
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandott</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR: TOWN <u>Jackson Rural</u>		c. LENGTH OF STAY (In this place) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR: TOWN <u>Kansas City Kan</u>		<u>8150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway # 50 Near Elm</u>				d. STREET ADDRESS (If rural, give location) <u>355 South Bethany</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Norman</u> c. (Last) <u>Sessler</u>			4. DATE OF DEATH <u>July 4 1954</u> (Month) (Day) (Year)						
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>Sept. 1 1891</u>			
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Mts. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Switchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Havana Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Jacob Sessler</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Etta Krebaum</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Sessler</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W.2</u>		16. SOCIAL SECURITY NO. <u>70844-2398</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ella Sessler</u> ADDRESS <u>Kansas City Kan.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto Accident</u>  DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>30 Minutes</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) <u>651</u>					
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>did not attend</u> , 19 <u>54</u> , that I last saw the deceased <u>July 4-4, 1954</u> , and that death occurred at <u>3:30 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D. - Coroner Johnson Co</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>7/4/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>July 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. V. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u> ADDRESS <u>Warrensburg Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JUL 16 1954  
JOHNSON COUNTY HEALTH DEPT

AUG 19 1954

SEP 29 1954

JAN 9 1958

JUL 27 1954

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.