

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5052 Registrar's No. 855

1. PLACE OF DEATH a. COUNTY <u>rettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> <u>0000</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u> <u>1</u>	
c. LENGTH OF STAY (in this place) <u>6 Mos</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED a. (First) _____ b. (Middle) _____ c. (Last) <u>Kreisler</u>			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>29th</u> (Year) <u>1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	
8. DATE OF BIRTH <u>1880</u> <u>March 29th</u> <u>1880</u>		9. AGE (in years last birthday) <u>75</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp Mo</u> <u>0</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James T Gilmore</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte schupp</u>		14. NAME OF HUSBAND OR WIFE <u>J. Fred Kreisler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmo Kreisler</u> ADDRESS <u>Clinton Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES <u>Generalized Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>  <u>years</u>	
		11. OTHER SIGNIFICANT CONDITIONS <u>multiple pneumonia</u> <u>Diverticulosis, Colon</u>		Conditions contributing to the death but not related to the disease or condition causing death. <u>years</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) _____		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 Nov 1951 to 29 Mar, 1955, that I last saw the deceased alive on 29 Mar, 1955, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl Siegel M.D.</u> (Degree or title)		23b. ADDRESS <u>1216 West 118<sup>th</sup> St. Sedalia</u>		23c. DATE SIGNED <u>30 Mar 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 1st 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cole camp Mo</u>		DATE REC'D BY LOCAL REG. <u>3-31-55</u>		REGISTRAR'S SIGNATURE <u>Loraine Coontz Deputy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Eidenhoff</u>		ADDRESS <u>Cole Camp Mo</u>			

FILED APR 4 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

*B L Eickhoff*

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.