

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20971

FILED AUG 5 - 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>50</u>			
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fairfax</u>		c. LENGTH OF STAY (in this place township) <u>21 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>		<u>0030</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u>			b. (Middle)		c. (Last) <u>KESSLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>June 22, 1886</u>		9. AGE (In years last birthday) <u>69</u> If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Andrew County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Horace A. Keessler</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Smith</u>			14. NAME OF HUSBAND OR WIFE <u>*****</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>497-38-2958</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John O. Bolin Jr. Fairfax Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac arrhythmia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Atherosclerotic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>						INTERVAL BETWEEN ONSET AND DEATH <u>157 minutes</u> <u>Chronic</u>	
19a. DATE OF OPERATION <u>none</u>		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)					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. J. Murphy M.D.</u>				23b. ADDRESS <u>Parsons, Mo.</u>			23c. DATE SIGNED <u>7/25/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 27, 1955</u>		24c. NAME OF CEMETERY <u>Mt. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Creston Iowa</u>			
DATE REC'D BY LOCAL REG <u>July 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Harwin H. Wheeler</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>443-</u>		ADDRESS <u>Schooler Funeral Home Fairfax Mo.</u>			

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

MISSISSIPPI

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

Thermin W. Schuster

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Miss*

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.