

FILED AUG 19 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28777**

BIRTH NO. _____ REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **4531** Registrar's No. **40**

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville	
c. LENGTH OF STAY (in this place) 13 months		0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Nursing Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) Julius	c. (Last) Kessler	4. DATE OF DEATH (Month) (Day) (Year) August 8 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH (last birthday) October 22, 1888	9. AGE (in years) 66	IF UNDER 1 YEAR Months 9 Days 16	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY House Painting	11. BIRTHPLACE (City and State or Foreign Country) New Melle, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Kessler	13b. MOTHER'S MAIDEN NAME Katie Peters	14. NAME OF HUSBAND OR WIFE Clara Kessler
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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. 494-10-5545	17. INFORMANT'S SIGNATURE OR NAME Clara Kessler	ADDRESS Wentzville, Mo.
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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 9 da 1 1/2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - terminal.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Apoplexy & Hemiplegia DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10**, 19**55**, to **19**, 19**55**, that I last saw the deceased alive on **8-12-55**, and that death occurred at **8:10A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Walter Evermann M.D.	23b. ADDRESS Warrenton Mo.	23c. DATE SIGNED 8-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 12, 1955	24c. NAME OF CEMETERY OR CREMATORY South Linn Cemetery	24d. LOCATION (City, town, or county) (State) Wentzville, Missouri
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DATE REC'D BY LOCAL REG. 8-12-55	REGISTRAR'S SIGNATURE Lloyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE Morris Muehling	ADDRESS Wentzville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1956

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 Howard O. Kesler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.