

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1955

37289
State File No. 94

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559v Registrar's No. 94

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL JOACHIM TOWNSHIP		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) 46 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR JARVIS MO		e. STREET ADDRESS (If rural, give location) NEAR JARVIS MO	

3. NAME OF DECEASED a. (First) EDWIN			b. (Middle) M.			c. (Last) KEISKER			4. DATE OF DEATH (Month) (Day) (Year) MOV. 12 1955			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 30 1909			9. AGE (In years last birthday) 46		10. F UNDER 1 YEAR 12	11. F UNDER 1 HR. 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY FARMER				11. BIRTHPLACE (City and State or Foreign Country) JARVIS MO			12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN KEISKER			13b. MOTHER'S MAIDEN NAME MAGDALEN NEUMUELLER			14. NAME OF HUSBAND OR WIFE MATHILDA KEISKER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) NO			16. SOCIAL SECURITY NO. NO			17. INFORMANT'S SIGNATURE OR NAME MATHILDA KEISKER JARVIS MO			ADDRESS		

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) Sukemia						INTERVAL BETWEEN ONSET AND DEATH 8 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2044							

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)					
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 **2/24**, 19**55**, to **11/12**, 19**55**, that I last saw the deceased alive on **11/12**, 19**55**, and that death occurred at **5:00 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>			23b. ADDRESS <i>[Address]</i>			23c. DATE SIGNED 11/13/55		
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY		24d. LOCATION (City, town, or county) (State) JARVIS MO.	
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DATE REC'D BY LOCAL REG. 11-14-55		REGISTRAR'S SIGNATURE <i>[Signature]</i>		502		25. FUNERAL DIRECTOR'S SIGNATURE HELLIGTAG FUNERAL HOME IMPERIAL MO.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 25 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.....
Signature of Student Embalmer

Signed *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.