

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39886

State File No.

FILED DEC 19 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3009 Registrar's No. 41

0161

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Mo | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Mo | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 308 N Georgia | | d. STREET ADDRESS (If rural, give location) 308 N Georgia | |

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|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Pauline b. (Middle) Ottile c. (Last) Kerstner | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 10 1955 | | |
| 5. SEX F | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Dec 3 1882 | 9. AGE (In years last birthday) 73 | 10. UNDER 1 YEAR Months — Days 7 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Gordenville Mo | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Claus Kerstner | 13b. MOTHER'S MAIDEN NAME Elizabeth Hirsch | 14. NAME OF HUSBAND OR WIFE |
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|---|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Miss Loerene Kerstner ADDRESS Jackson 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 mos. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cot Pulmonale | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Palmenary Fibrosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 525X | |

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| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 April, 1952, to Dec 9, 1955, that I last saw the deceased alive on Dec 9, 1955, and that death occurred at ? m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) J. N. Jaeger, M.D. | 23b. ADDRESS Jackson Mo | 23c. DATE SIGNED Dec 10, 1955 |
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|--|------------------------------|---|---|
| 24a. BURIAL CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec 12 1955 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) Jackson Mo |
|--|------------------------------|---|---|

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|--|--|------|--|
| DATE REC'D BY LOCAL REG. 12-14-55 | REGISTRAR'S SIGNATURE C. C. Summers | 44-0 | 25. FUNERAL DIRECTOR'S SIGNATURE McCombs & Co ADDRESS Jackson Mo |
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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 BA Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.