

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

State File No. **3620**

**FILED FEB 29 1956**

BIRTH NO. **54674-55** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **56**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <b>Adair</b>	b. STATE <b>Missouri</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Knox</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>	c. LENGTH OF STAY (In this place) <b>1 hour</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edina</b>	<b>05-20</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Grim-Smith Hospital</b>		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>JERRY KEI</b>	b. (Middle) <b>KEITH</b>	c. (Last) <b>KESSLER</b>	(Month) <b>Feb</b>	(Day) <b>17</b>	(Year) <b>1956</b>
<b>5. SEX</b> M	<b>6. COLOR OR RACE</b> W	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> never married	<b>8. DATE OF BIRTH</b> <b>Aug 30, 1955</b>		<b>9. AGE</b> (In years last birthday) <b>4</b> Months <b>18</b> Days
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>none</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kirkville, Mo</b>	
<b>13a. FATHER'S NAME</b> <b>Albert Ralph Kessler</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Carmen Dale Husted</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. Albert R. Kessler</b>		<b>ADDRESS</b> <b>Hurdland Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>48 hrs</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <b>Septicemia</b>		
	<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Gastro-enteritis</b> DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>5710</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 2-17-56, 19, to 2-17-56, 19, that I last saw the deceased alive on 2-17-56, 19, and that death occurred at 2:40 p. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>Kirkville, Missouri</b>	<b>23c. DATE SIGNED</b> <b>2-17-56</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>	<b>24b. DATE</b> <b>Feb 19, 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Knox City Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Knox City, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>2-23-56</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	
		<b>ADDRESS</b> <b>Edina Mo</b>	

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

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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 <sup>not</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edison Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.