

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8367**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3009 Registrar's No. 216

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 Gir.	
b. CITY (If outside corporate limits, write RURAL and give township) Jackson		c. CITY (If outside corporate limits, write RURAL and give township) Jackson	
c. LENGTH OF STAY (in this place) 50yr.		d. STREET ADDRESS (If rural, give location) 304 N. Georgia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 304 N. Georgia			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Henry c. (Last) Kerstner			4. DATE OF DEATH (Month) (Day) (Year) 4 4 56		
5. SEX Male		6. COLOR OR RACE White		7. MARRIAGE HISTORY Never Married	
8. DATE OF BIRTH 12-26-1877		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Days 3	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 2 HRS. Hours 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Druggist		11. BIRTHPLACE (State or foreign country) Missouri	

13a. FATHER'S NAME Henry Kerstner		13b. MOTHER'S MAIDEN NAME Ahrens		14. NAME OF HUSBAND OR WIFE Emma Kerstner	
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. 490-01-8730-A		17. INFORMANT'S SIGNATURE OR NAME E.L. Kerstner	
				ADDRESS Jackson, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery sclerosis		5yr.	
		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 4201		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 Mar 6, 1952, to April 4, 1956, that I last saw the deceased alive on 3-31, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Jarger MD		23b. ADDRESS Jackson, Mo		23c. DATE SIGNED Apr 6, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-2-56		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) Cape Gir. Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE McComb Funeral Home		ADDRESS Jackson	
DATE REC'D BY LOCAL REG. 4-5-56		REGISTRAR'S SIGNATURE W. C. Summers			

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

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APR 17 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 Thos. K. Allen

Licensed Embalmer No. 4055-

P. O. Address Jackson

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.