

FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

289

STATE FILE NUMBER

107

Registration District No. 42 Primary Registration District No. 1000

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3517 Burnside, Ave.		Length of stay in lb 40 Yrs	d. STREET ADDRESS (If outside, give location) 3517 Burnside, Ave.
3. NAME OF DECEASED (Type or print) First ACE Middle IRVIN Last KASSELHUTE		4. DATE OF DEATH Month January Day 29 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sign Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting	9. AGE (In years) 60 Yrs IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____
13a. FATHER'S NAME Rudolph Kasselhute		13b. MOTHER'S MAIDEN NAME Anna Clemeston	11. BIRTHPLACE (City and state or country) Bendena, Kansas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE Mrs. Rose Kasselhute	
16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. Rose Kasselhute, St. Joseph, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure - Severe Decompensated		INTERVAL BETWEEN ONSET AND DEATH Several months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ruetic Heart Disease -		1/20	
DUE TO (c) Pulmonary Emphysema		1-2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 023X	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-15-56 , to 1-29-58 and last saw him alive on 1-26-58 Death occurred at 1:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22b. ADDRESS St. Joseph, Mo	
22a. SIGNATURE (Design of title) Robert W. Kieber, M.D.		22c. DATE SIGNED 1-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 1, 1958	
23c. NAME OF CEMETERY OR CREMATORY Davis Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Dearborn Missouri	
24. FUNERAL DIRECTOR Stamey Funeral Home St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 5, 1958	
		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles E. Bennett*

Licensed Embalmer No. *2674*

P. O. Address *St Joseph 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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