

Health,  
Welfare  
Public  
Service.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018716  
STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 230

300  
-57  
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1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Joplin</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns</b>		Length of stay in lb <b>48 Years</b>	d. STREET ADDRESS (If outside, give location) <b>Rt. #3 Box 51</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Carl</b> Middle <b>A.</b> Last <b>KIESLICH</b>			4. DATE OF DEATH Month <b>April</b> Day <b>21</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 19, 1909</b>		9. AGE (In years last birthday) <b>48</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Southwestern Bell</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone</b>	11. BIRTHPLACE (City and state or country) <b>Duenweg, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Conard Kieslich</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Upslaw</b>		14. NAME OF HUSBAND OR WIFE <b>Birdie Alice</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-07-5455</b>	17. INFORMANT Address <b>Mrs C. A. Kieslick Rt. #3 Box 51 Joplin</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Hypertension</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>3/13/57</b> to <b>4/21/58</b> and last saw <sup>her</sup> him alive on <b>4/21/58</b> Death occurred at <b>St. Johns</b> at <b>10:50 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Mrs. Black M. J.</b>			22b. ADDRESS <b>Joplin Mo</b>		22c. DATE SIGNED <b>4/24/58</b>
23a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	23b. DATE <b>4 - 24 - 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rithey Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Near Galena, Kansas</b>	
24. FUNERAL DIRECTOR <b>Thornhill-Dillon</b>		ADDRESS <b>Joplin, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>5-5-1958</b>	26. REGISTRAR'S SIGNATURE <b>Doore Merriam</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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County File Number  
Date Filed MAY 13 1957

VS JAN 15 1980

89161 C. T. HALL

FEB 9 1961

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 [Signature] .....

Licensed Embalmer No. 4770  
P. O. Address Joplin, 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.