

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043349

STATE FILE NUMBER
1350

FILED DEC 22 1958

Registration District No. 042

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 Crowford Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Faucett		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faucett, Rural Residence		Length of stay in lb Lifetime	d. STREET ADDRESS (If outside, give location) Rural		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bennie Middle Last Hisel			4. DATE OF DEATH Month December Day 15 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 14, 1904		9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Place	11. BIRTHPLACE (City and state or country) Faucett, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Hisel		13b. MOTHER'S MAIDEN NAME Lydia Ferrel		14. NAME OF HUSBAND OR WIFE -----	
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. 489-36-1556		17. INFORMANT W. A. Landis Address Faucett, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Artery Disease				INTERVAL BETWEEN ONSET AND DEATH Acute	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Old Arteriosclerosis				Yrs.	
DUE TO (c) Old Hypertension				Yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not related to the terminal disease condition given in PART I (a)) 4201				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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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 9-2-56 to 12-15-58 and last saw him alive on Nov 17, 1958 Death occurred at 12-14-58 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert W. Kieber, M.D.			22b. ADDRESS St. Joseph, MO		22c. DATE SIGNED 12-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/17/58	23c. NAME OF CEMETERY OR CREMATORY Hallock Cemetery		23d. LOCATION (City, town, or county) (State) Buchanan Co., Missouri.
24. FUNERAL DIRECTOR Michael Hoffert, Funeral Home ADDRESS St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. Dec. 17, 1958		26. REGISTRAR'S SIGNATURE Mrs. Clark Woodall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. Robert W. Kieber

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 *Robert C. Harward*

Licensed Embalmer No. 3258

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.