Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014354
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Sedalia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bothwell Hospital — Length of stay in 1b 2 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Benton
c. CITY OR TOWN Cole Camp — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Laura Middle Francis Last Kreisel
4. DATE OF DEATH Month April Day 17, Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Oct 6th 1874
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Warsaw Mo
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Nathem Walker
13b. MOTHER'S MAIDEN NAME Judie Dillon
14. NAME OF HUSBAND OR WIFE Walter Kreisel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs John Grother Address Cole Camp Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 14 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — years
DUE TO (c) 331X
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 4-4-59 to 4-17-59 and last saw her alive on 4-16-59
Death occurred at 3:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. S. Hopkins (Degree or title) M. D.
22b. ADDRESS 1609 S. Limit Sedalia, Mo.
22c. DATE SIGNED 4-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr 19, 1959
23c. NAME OF CEMETERY OR CREMATORY Union Cemetery
23d. LOCATION (City, town, or county) (State) Cole Camp Mo

24. FUNERAL DIRECTOR E L Eickhoff
ADDRESS Cole Camp Mo
25. DATE RECD. BY LOCAL REG. 4-20-1959
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.