

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023782  
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 109

|  |                                  |   |  |  |   |
|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saline</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Marshall</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Johnson Nursing Home 14 mos.</b>  |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><b>6631 E. 15th St. Terrace</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Christina (none) Kessinger</b>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>June 28, 1959</b>   |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 27, 1870</b>   |  | 9. AGE (In years last birthday)<br><b>88</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Avert, Missouri</b> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  |   | 13a. FATHER'S NAME<br><b>DK Long</b>   |  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>DK</b>   |                                  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Sam Kessinger</b>  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  | 17. INFORMANT<br>Address<br><b>Iverson Weakley, Slater, Missouri</b> |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerosis -</b><br><b>Pulmonary Embolism</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cong. Heart Failure</b><br>DUE TO (c) <b>Cong. Heart Failure</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4341</b> |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days.</b><br><b>2 mo.</b>                    |
| 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<br>Hour Month, Day, Year<br>a.m.<br>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>Fall, 1958</b> to <b>June 28, 59</b> and last saw <sup>him</sup> <b>him</b> alive on <b>June 28, 59</b><br>Death occurred at <b>2 P M</b> on the date stated above; and to the best of my knowledge from the causes stated.  |                                  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Dr. Impertud</b>  |                                  |   | 22b. ADDRESS<br><b>Marshall Mo</b>   |  | 22c. DATE SIGNED<br><b>6/29/59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>7/1/1959</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Slater</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Slater, Missouri</b>              |
| 24. FUNERAL DIRECTOR<br><b>W. J. Haines, Jr. Slater, Mo.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>6-30-59</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Cecil G. Reed</b>                    |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

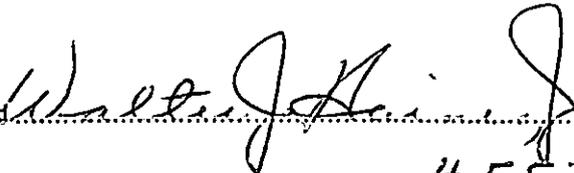
MEDICAL CERTIFICATION

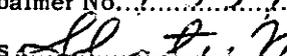
All diseases in Part I must be causally related.

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  .....

Licensed Embalmer No. 4557  
P. O. Address  .....

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.