

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028748

FILED VS AUG 24 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 859

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb 62 years		c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Spfd. Bapt. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D.#2, Springfield,		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANNIE Middle ---- Last KAISLER				4. DATE OF DEATH Month August Day 12, Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 23/3/1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Iowa City, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Anthony Kloucheck		13b. MOTHER'S MAIDEN NAME Rosa Petcka		14. NAME OF HUSBAND OR WIFE Joe Kaisler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. ----		17. INFORMANT Address Anthony Kaisler, Rt. 2, Springfield, M			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia, Pons							INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus Paralysis Agitans					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 April 1955 to Aug 12, 59 and last saw her alive on 12 August Death occurred at 2:30 P.M. on the 12 date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE L. Callaway Jr MD (Degree or title)				22b. ADDRESS Springfield, Missouri			22c. DATE SIGNED Aug 14, 59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 15 Aug. 1959	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		23d. LOCATION (City, town, or county) Springfield, Missouri			
24. FUNERAL DIRECTOR Ralph Thieme ADDRESS 1200 Boothville Ave., Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 8-18-59		26. REGISTRAR'S SIGNATURE Effie E. Melton			

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 30 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lee Mason*

Licensed Embalmer No. 4562

P. O. Address Springfield

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.