

URIAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 23 1959 77

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Registration District No. \_\_\_\_\_ Primary Registration District No. 3016 Registrar's No. 356

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in 1b	c. CITY OR TOWN <u>California</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1/2 mi. East</u>
3. NAME OF DECEASED (Type or print) First <u>LENA</u> Middle _____ Last <u>KAISER</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>21</u> Year <u>1969</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-13-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>74</u>
13a. FATHER'S NAME <u>John Kaiser</u>		13b. MOTHER'S MAIDEN NAME <u>Christene Titzer</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. Emma Rohrbach</u> Address <u>California Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lungs aspiration of gastric contents</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
DUE TO (b) <u>abdominal abscess, lesser sac.</u>			<u>1 mo.</u>
with <u>adenocarcinoma splenic colon</u>			<u>2 mos</u>
and <u>complete obstruction</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pancreatitis, acute, &amp; fat Necrosis.</u>			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 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 <u>11-9-59</u> to <u>12-21-59</u> and last saw her alive on <u>12-21-59</u> Death occurred at <u>12-21-59 5:15p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>Rendell A. Clark, MD</u>	22b. ADDRESS <u>516 E. High Jefferson City, MO</u>	22c. DATE SIGNED <u>12-21-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>funeral</u>	23b. DATE <u>12-23-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	23d. LOCATION (City, town, or county) (State) <u>California Mo.</u>
24. FUNERAL DIRECTOR <u>A. E. Wilson, California</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>21 December 1959</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris, MD - Richter Dep</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 A. E. Wilson

Licensed Embalmer No. 2351  
P. O. Address California Me

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.