MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-005320

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 6285 Registrar's No. 5

FILED JAN 29 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Norwood (Mtn. Grove Twp) — Length of stay in 1b: 3 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Route 2 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Wright
c. CITY OR TOWN: Norwood — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Russell Middle H. Last Kesler

4. DATE OF DEATH: Month January Day 22, Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 3-3-1877
9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Goshen, Indiana
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Harvey Kesler
13b. MOTHER'S MAIDEN NAME: Katherine Zigler
14. NAME OF HUSBAND OR WIFE: Unknown

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.: none
17. INFORMANT: Agnes Kesler — Address: Norwood, Missouri

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) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis with Myocardial Infarction — 4 weeks
DUE TO (c) Arteriosclerosis — Indefinite
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 JAN. 1959, to JAN 22, 62 and last saw ~~her~~ him alive on JAN 22, 62
Death occurred at 6:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard E. Mitchem DO
22b. ADDRESS: Mtn Grove, Mo
22c. DATE SIGNED: 1/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 26, 1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Forrest
23d. LOCATION (City, town, or county) (State): Norwood, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Barber Funeral Home-Mtn. Grove, Mo.
25. DATE RECD. BY LOCAL REG.: 1-26-1962
26. REGISTRAR'S SIGNATURE: Bernice L. Silverman

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed George Stapp

Signature of Student Embalmer

Licensed Embalmer No. 3161

P. O. Address Mt. Sauve, 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.