

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042367

STATE FILE NUMBER

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 271

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 19 1962

VS 300
Rev. 4/59

1 0435
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12 86-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>11 days</u>	c. CITY OR TOWN <u>Lincoln</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Jolly Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1/2 MILE WEST OF LINCOLN</u>
3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>HERMAN</u> Last <u>KREISSLER</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 10, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>Lincoln, MO</u>
13a. FATHER'S NAME <u>John KREISSLER</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTA KUWOLT</u>	14. NAME OF HUSBAND OR WIFE <u>Augusta KREISSLER (DEAD)</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>[REDACTED]</u>	17. INFORMANT <u>4 Lola KESEMAN Lincoln, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular Thrombosis</u>			<u>Shrs.</u>
DUE TO (c) <u>Cerebral Arteriosclerosis</u>			<u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility, Rheumatoid Arthritis</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>11-1-62</u> to <u>11-10-62</u> and last saw her/him alive on <u>11-10-62</u> Death occurred at <u>12:50 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Type or print) <u>Clinton P. Glassy</u>		22b. ADDRESS <u>Clinton, MO</u>	22c. DATE SIGNED <u>11-12-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov. 13, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Lincoln MO</u>
24. FUNERAL DIRECTOR <u>Fred Davis & Son</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 13, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Melba B. Biggers</u>

NOV 29 1962

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 Le Roy Davis, Student Embalmer No. 659
working under my personal supervision.

Student Le Roy Davis
Signature of Student Embalmer

Signed Gene K. Bartray
Licensed Embalmer No. 902

P. O. Address Verona, N.J.

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.

Permit Obtained 11/13/62 M.D.