FILED SEP 23 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER 68 0036575

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 213

DO NOT WRITE ON THIS STUB

9. 0
10a. 69
10b.
11. 0
12. 1
13. 4/22
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1 - 0

VS 300
Rev. 1/68

4. 0425
5. 1

DECEASED

1. DECEASED—NAME: NORMAN FRANKLIN KREISEL
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): September 17, 1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 69
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Oct 17, 1898
7a. COUNTY OF DEATH: Henry
7b. CITY, TOWN, OR LOCATION OF DEATH: Clinton
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Clinton General Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Florence Frisch
12. SOCIAL SECURITY NUMBER: 496-07-6589
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Farmer
13b. KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0420

14a. RESIDENCE—STATE: Missouri
14b. COUNTY: Henry
14c. CITY, TOWN, OR LOCATION: RFD Chilhowee
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
14e. STREET AND NUMBER: None

PARENTS

15. FATHER—NAME (FIRST MIDDLE LAST): Eugene Joseph Kreisel
16. MOTHER—MAIDEN NAME (FIRST MIDDLE LAST): Margaret Elizabeth Wenig

17a. INFORMANT—NAME: Florence Kreisel
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): RFD 1, Chilhowee, Missouri

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a)	Hypostatic Pneumonia	2 days
DUE TO, OR AS A CONSEQUENCE OF (b)	Cerebro-vascular accident. c	6 days
(c)	Left hemi paresis Hypertensive Cardiovascular Renal disease	years

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Postmastectomy dilatation - Cystitis

19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH DAY YEAR): 1-13-68
21b. TO (MONTH DAY YEAR): 9-17-68
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR): 9-17-68
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.
21e. DEATH OCCURRED (HOUR): 3 a / 3 p M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR): M.

23a. CERTIFIER—NAME (TYPE OR PRINT): Richard H. King M.D
23b. SIGNATURE: Richard H King M.D
23c. DEGREE OR TITLE:
23c. DATE SIGNED (MONTH, DAY, YEAR): 9-18-68
23d. MAILING ADDRESS—CERTIFIER: 186 S. 3rd STREET OR R.F.D. NO.: Clinton CITY OR TOWN: Mo. STATE: 64735 ZIP:

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Memory Gardens
24c. LOCATION (CITY OR TOWN, STATE): Warrensburg, Missouri
24d. DATE (MONTH, DAY, YEAR): Sept 20, 1968
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Consalus, 209 S. 2d St., Clinton, Mo. 64735
25b. FUNERAL DIRECTOR—SIGNATURE: E. R. Consalus
26a. REGISTRAR—SIGNATURE: Mildred Bigum
26b. DATE RECEIVED BY LOCAL REGISTRAR: 9-18-68

Type or print in PERMANENT BLACK INK. See handbook for instructions.

OCT 4 1968

JAN 17 1969

OCT 18 1969

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 Eugene R. Lonsdale

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Permit Obtained 9-18-68