

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 190

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. EDNA ANNA KAISER						Female	August 12, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY			AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White			3a. 76	3b.	3c.	Sept 29, 1892	7a. Henry	
CITY, TOWN, OR LOCATION OF DEATH				INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. Clinton				7b. Yes	7c. Clinton General Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri			9. U.S.A.		10. Never Married		11. None	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12. 486-46-1286			13a. Teacher			13b. School		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Missouri		14b. Henry	14c. Clinton		14d. Yes	14e. 409 S. 6th St.		
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Adolph Kaiser						16. Anna K. Mittendorph		
INFORMANT—NAME					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Marvin A. Kaiser					17b. 409 S. 6th St. Clinton, Mo. 64735			
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) carcinoma stomach				6 mo.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			(b) DUE TO, OR AS A CONSEQUENCE OF:					
			(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						19a. AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
						19b. NO	19c.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20a.		20i.		20g.				
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM			MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. 1960 TO 8-13-68			21b. 8-13-68	21c. 8-12-68	21d. Did	DEATH OCCURRED AS THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
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		THE DECEDENT WAS PRONOUNCED DEAD		MONTH	DAY
22a.			22b.		22c.		22d.	22e.
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE			DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. HUGH B. WALKER, MD			23b. Hugh B. Walker, MD			23c. MD		23d. 8-13-68
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN		STATE	ZIP
23a.			23b. 106 S. 3rd Clinton, Mo.		23c.		23d.	23e.
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION			
24a. Burial		24b. Englewood			24c. Clinton, Missouri			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS			STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
24a. Aug 15, 1968		24b. Consalus, 209 S. 2d St., Clinton, Mo. 64735			24c.			
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR		
25a. E. R. Consalus			25b. Midred Bigum			25c. 8-15-68		

5. **1**
DECEASED

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

6. **0425**
PARENTS

CAUSE

CERTIFIER

REG

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

9. **1**
10a. **76**
10b.
11. **0**
12. **0**
13. **1519**
14.
15. **4**
16.
17.
18. **0**
19. **CREDITS**
20. **1-0**

AUG 2 2 1968

Female August 15, 1968

Henry Dept 20, 1892

Clinton General Hospital Yes

U.S.A. covered None

School Yes

409 S. 25th St.

Clinton Missouri Henry

Anna Kaiser

Adolph Kaiser

409 S. 25th St. Clinton, Mo. 64735

Marvin A. Kaiser

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. Conzelmann

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.

Printed

Clinton, Mo. 64735 August 15, 1968

Permit obtained 8-15-68

WLB