

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2102

State File No. ....

No. 300  
10.48

FILED FEB 3 1954 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Moniteau Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, Mo Walker</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, Mo Walker</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>803 North Oak St</b>		d. STREET ADDRESS (If rural, give location) <b>803 N. Oak, California, Mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Laurance</b> b. (Middle) <b>John</b> c. (Last) <b>Kiesling</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 11 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 10 1910</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Paint Homes</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>California, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>William Kiesling</b>	13b. MOTHER'S MAIDEN NAME <b>Matilda Lenger</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Kiesling</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-24-5401</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Bessie Kiesling</b>	ADDRESS <b>California, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>5810</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 15** 19**53** to **Jan 11**, 19**54**, that I last saw the deceased alive on **Jan 11**, 19**54**, and that death occurred at **12/30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Kerison Latham M.D.</b>	(Degree or title)	23b. ADDRESS <b>California, Mo</b>	23c. DATE SIGNED <b>1-12-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/13/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>California, Mo</b>
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DATE REC'D BY LOCAL REG. <b>1-15-54</b>	REGISTRAR'S SIGNATURE <b>H. H. Papey of H.R.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earle Bowler</b>	ADDRESS <b>California</b>
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(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1956

**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 .....  
Student Embalmer

Signed Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.