

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

2257

FILED JAN 30 1953

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>900</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Moniteau Co</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker 10 Mo</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Moniteau</u>	
c. LENGTH OF STAY (in this place) <u>10 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		d. STREET ADDRESS (If rural, give location) <u>Mo N. Taylor St. California, Mo</u>		0681	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. Taylor St. California, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Mo N. Taylor St. California, Mo</u>					
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>Sarah</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Kaiser</u>		(Month) (Day) (Year) <u>Jan 26 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 13 1872</u>	
9. AGE (in years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>John Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Pattie Hampton</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Golden Kaiser California mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  <u>4500</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>California Moniteau Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 15 1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Jan 15 1953</u>			
22. I hereby certify that I attended the deceased from <u>Jan 15 1953</u> to <u>Jan 26 1953</u> , that I last saw the deceased alive on <u>Jan 25 1953</u> , and that death occurred at <u>10:45 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>L. J. Banion D.O.</u>		23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>1/27/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cemt.</u>		24d. LOCATION (City, town, or county) (State) <u>California, Rt. Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/28/53</u>		REGISTRAR'S SIGNATURE <u>N. L. P. P. H. L. R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>East Bonlin California</u>			

(Licensed Embalmer's Statement on Reverse Side)

mo

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*Eugene Bonstein*

Licensed Embalmer No. *2126*

P. O. Address *California*

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.