

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13311

Registrar's No. 25

|   |                        |  |   |  |  |                                     |  |
|---|------------------------|--|---|--|--|-------------------------------------|--|
| BIRTH NO. _____   |                        | REG. DIST. NO. 224   |   | PRIMARY REG. DIST. NO. 3046  |  | Registrar's No. 25                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Moniteau Co  |                        |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Moniteau |  |                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker  |                        | c. LENGTH OF STAY (In this place) Life   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker                             |  |                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 803 North Oak St  |                        |  |   | d. STREET ADDRESS (If rural, give location) 803 North Oak St 0687  |  |                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print) Mathelda A Kiesling  |                        |  | 4. DATE OF DEATH (Month) (Day) (Year) May 4 1951    |  |  |                                     |  |
| 5. SEX Female   | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed   | 8. DATE OF BIRTH May 7, 1875                        | 9. AGE (In years last birthday) 75   | 10 UNDER 1 YEAR 11 Months 27 Days                            | 10 UNDER 1 HRS. Hours Min.          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife  |                        | 10b. KIND OF BUSINESS OR INDUSTRY Own Home   |   | 11. BIRTHPLACE (State or foreign country) Missouri   |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |  |
| 13a. FATHER'S NAME Charley Lenger   |                        | 13b. MOTHER'S MAIDEN NAME Minnie Hampeter  |   | 14. NAME OF HUSBAND OR WIFE  |  |                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No   |                        | 16. SOCIAL SECURITY NO. None   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laurence Kiesling California Mo  |  |                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                        | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) arteriosclerosis<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Arthritis |   |  |  | INTERVAL BETWEEN ONSET AND DEATH    |  |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY? 4201<br>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) California Moniteau MO   |  |                                     |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)  |                        | 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 May 1, 1951, to May 2, 1951, that I last saw the deceased alive on May 3, 1951, and that death occurred at 1 P.m., from the causes and on the date stated above.         |                        |  |   |  |  |                                     |  |
| 23a. SIGNATURE D. H. Bowen (Deputy or title)  |                        |  |   | 23b. ADDRESS California  |  | 23c. DATE SIGNED 5/5/51             |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |                        | 24b. DATE 5/6/1951   | 24c. NAME OF CEMETERY OR CREMATORY Luthurn Cemetery |  | 24d. LOCATION (City, town, or county) (State) California, Mo |                                     |  |
| DATE REC'D BY LOCAL REG. 5-5-51   |                        | REGISTRAR'S SIGNATURE N.R. Popovoy 202   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pearl Bowen - California 7210   |  |                                     |  |

(Licensed Embalmer's Statement on Reverse Side)

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

5681

RECEIVED 5-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-10-51

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 Earl R. Boncher

Licensed Embalmer No. 2126

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