

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38449

FILED DEC 7 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>June 4, 53</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gordonville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0160</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilhemina</u>		b. (Middle)		c. (Last) <u>Kaiser</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 1, 1877</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>8</u>		11. DAYS <u>29</u>		12. IF UNDER 1 YEAR Hours IF UNDER 1 Mth. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Freidheim, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Klaus</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Arning</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Kaiser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nne</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oscar C. Kaiser Cape Girardeau, 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.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				<u>10 mo.</u>			
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. <u>Arteriosclerosis</u> <u>Intermittent</u>				<u>2 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		332X		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Nov 9, 1949</u> , to <u>Nov 30, 1953</u> that I last saw the deceased alive on <u>Nov 30, 1953</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles F. Wilson M.D.</u>				23b. ADDRESS <u>719 Broadway Cape Girardeau Mo</u>		23c. DATE SIGNED <u>12-1-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christ Luth. Church Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Gordonville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-3-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ford-Young Funeral Home Cape Gir., Mo.</u>			

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


Licensed Embalmer No. 4736

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.