

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42025

State File No. _____
Registrar's No. 241

JAN 14 1952

No. 300
10.48

443

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

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		State File No. _____		Registrar's No. <u>241</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>			c. LENGTH OF STAY (in this place) <u>24 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Alba</u>			d. STREET ADDRESS (If rural, give location) <u>-----</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stone Memorial Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>EGBERT</u>			b. (Middle) <u>JACOB</u>		c. (Last) <u>KESSLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24, 1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 5, 1873</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. mail carrier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Mail</u>		11. BIRTHPLACE (State or foreign country) <u>near Trenton, N. J. /</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Kessler</u>			13b. MOTHER'S MAIDEN NAME <u>Mary K. Messinger</u>			14. NAME OF HUSBAND OR WIFE <u>Etta Bryan Kessler</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 <u>Floyd Kessler, Alba, Mo</u>				ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperleucisim</u>								
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>								
	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 <u>-----</u>		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						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) <u>-----</u>					
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? <u>-----</u>					
22. I hereby certify that I attended the deceased from <u>Dec 23, 1951</u> ; to <u>Dec 24, 1951</u> ; that I last saw the deceased alive on <u>Dec 24, 1951</u> , and that death occurred at <u>12 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Albert Bynum Wheeler, D.O.</u>				23b. ADDRESS <u>Carthage, Mo</u>			23c. DATE SIGNED <u>12-24-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-28-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>				
DATE REC'D BY LOCAL REG. <u>12-24-51</u>		REGISTRAR'S SIGNATURE <u>L B Clenton, MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo</u>		ADDRESS		

RECEIVED 1-3-52
Jasper County Health Office

County File Number 52/1/6

Date Filed 1-3-52

SECRET

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 *Ira E. Meadows*

Licensed Embalmer No. *4637*

P. O. Address *Carthage, 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.