

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

IC-UNKNOWN
RN-1425
JAN 25 1952

State File No. 100-100000
Registrar's No. 128

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE MISSOURI b. COUNTY STODDARD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF	c. LENGTH OF STAY (in this place) 4 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEXTER	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If rural, give location) 601 W. BAIN ST.	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) O. c. (Last) KERSTNER			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 15, 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-15-98	9. AGE (In years last birthday) 53	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASST. BANK CASHIER	10b. KIND OF BUSINESS OR INDUSTRY BANKING	11. BIRTHPLACE (State or foreign country) GORDONVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN H. KERSTNER		13b. MOTHER'S MAIDEN NAME BERTHA GROSSHEIDER		14. NAME OF HUSBAND OR WIFE DORIS G. KERSTNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MODERATE GENERALIZED ARTERIOSCLEROSIS WITH NEPHROSCLEROSIS. ANTECEDENT CAUSES WITH SEVERE CORONARY ARTERIAL SCLEROSIS. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SEVERE CORONARY ARTERIAL SCLEROSIS. DUE TO (c) OLD MYCARDIAL INFARCT (LEFT VENTRICLE)			INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OLD PERICARDIAL THROMBOSIS			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	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 1-11-52, 1952, to 1-15, 1952, and that death occurred at 6:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. V. [Signature], A. D. Chief of Service		23b. ADDRESS VAH, Poplar Bluff, Mo.	23c. DATE SIGNED 1-15-52
--	--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-17-52	24c. NAME OF CEMETERY OR CREMATORY Dexter	24d. LOCATION (City, town, or county) (State) Dexter, Missouri
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. Jan 15, 1952	REGISTRAR'S SIGNATURE [Signature]	428	25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey ADDRESS Dexter, Mo.
--	--	-----	--

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

0124
0

RECEIVED
JAN 22 1952
BUTLER CO. HEALTH CENTER
FILE No. 152-46

JAN 27 1952

1952 FEB 8

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. 3479

P. O. Address St. Louis, 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.