

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27141**
3252

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3252			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) WEEK		c. CITY OR TOWN 107 KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 90 1/2 W. MAIN STREET MONTROSE HOTEL				F. STREET ADDRESS (If rural, give location) 4206 WALNUT STREET				3678 0	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) CHARLES		c. (Last) CIESLER		4. DATE OF DEATH (Month) (Day) (Year) JULY 9, 1954		
5. SEX 0 MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 22, 1884		9. AGE (In years last birthday) 70 if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT				10b. KIND OF BUSINESS OR IND. WALKER LAUNDRY & DRY CLEANING		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME KARL CIESLER			13b. MOTHER'S MAIDEN NAME EMMA STARR			14. NAME OF HUSBAND OR WIFE Mrs. FRANCES MARIAN CIESLER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 515-10-1602		17. INFORMANT'S SIGNATURE OR NAME Mrs. FRANCES MARIAN CIESLER				ADDRESS 407 1/2 MAIN ST. KANSAS CITY, MO.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation				INTERVAL BETWEEN ONSET AND DEATH 30 days	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis				Aug-1957	
				DUE TO (c) Acetone					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4227	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		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 June 7, 1954 , to July 9, 1954 , that I last saw the deceased alive on July 9, 1954 , and that death occurred at 5:45 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Harold B. Clark M.D.				23b. ADDRESS 735 Reaugh Bldg		23c. DATE SIGNED 7-10-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 12, 1954		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 7-12-54		REGISTRAR'S SIGNATURE Heraldine Smith				25. FUNERAL DIRECTOR'S SIGNATURE W. J. Newcomer			
						ADDRESS 331 BROWN CREEK KANSAS CITY, MISSOURI			

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clare V. Carr*.....

Licensed Embalmer No. *493*

P. O. Address *K.C. 10, 11*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**