

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-035743

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 5019 Registrar's No. 249

AMENDED

FILED OCT 20 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Andrew</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Savannah</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>		c. CITY OR TOWN <b>Savannah</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>702 West Benton</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year			
<b>Peter James Kreiser</b>				<b>September 18, 1961</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-27-85</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired harnessmaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>harness shop</b>		11. BIRTHPLACE (City and state or country) <b>Chillicothe, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Peter Kreiser</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Alice Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Florence B. Kreiser</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-14-7201</b>		17. INFORMANT Address <b>Mrs. Florence Kreiser, Savannah</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>						<b>Minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days.			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. Attended the deceased from <b>8-30-51</b> to <b>9-18-61</b> and last saw him <b>live</b> on <b>9-18-61</b>		Death occurred at <b>7:10 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Warren Baker M.D.</b>				22b. ADDRESS <b>Savannah, Missouri</b>		22c. DATE SIGNED <b>10-2-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>9-21-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Star Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Union Star, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>BREIT &amp; HAWKINS SAVANNAH</b>			25. DATE RECD. BY LOCAL REG. <b>10-15-61</b>		26. REGISTRAR'S SIGNATURE <b>William D. Park</b>		

**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 James B. Hawkins

Licensed Embalmer No. 4535

P. O. Address Savannah

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.