

FILED NOV 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38130

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4370		Registrar's No. 256	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Nodaway		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont		a. STATE Missouri		b. COUNTY Nodaway	
c. LENGTH OF STAY (In this place) 19 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		d. STREET ADDRESS (If rural, give location) 507 So. Charles			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) LEWIS		b. (Middle) WEATHERBY		c. (Last) KISSINGER		6. DATE OF DEATH (Month) (Day) (Year) 10 27 49	
7. SEX Male		8. COLOR OR RACE White		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		10. DATE OF BIRTH 3/5/76	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner		11b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob Kissinger		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Paul Kissinger, Maryville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		Abscess of kidney with fistula thru integument of the back.				2 who.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b)					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				Senility.	
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) (Min.)		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 _____, 19____, to Oct. 27, 19 49, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30A m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Manniel Ford M.D.				23b. ADDRESS Elmo, Mo.		23c. DATE SIGNED Oct 29 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/29/49		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 11-5-49		REGISTRAR'S SIGNATURE Lessa Holt 229		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home Maryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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
Student Embalmer

Signed.....

Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Mayoth, 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.