

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007421

FILED VS FEB 23 1960

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 36

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in 1b 1 day		c. CITY OR TOWN Maryville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4 miles west		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES JACOB KISSINGER				4. DATE OF DEATH Month Day Year 2 13 60									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/6/79		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter - retired			10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (City and state or country) Maryville, Mo.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Jacob Kissinger			13b. MOTHER'S MAIDEN NAME Betsy Jane Clary			14. NAME OF HUSBAND OR WIFE Mrs. Cora B. Hawkins, Maryville, Mo.							
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. none		17. INFORMANT Address Mrs. Cora B. Hawkins, Maryville, Mo.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular thrombosis - left hemisphere DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)										INTERVAL BETWEEN ONSET AND DEATH 48 hrs > 10 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia							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 checked="" 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. I attended the deceased from 2-15-60 to 2/13/60 and last saw him ^{live} on 2/13/60 Death occurred at 12:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE [Signature] (Degree or title) M. D.				22b. ADDRESS Maryville, Missouri				22c. DATE SIGNED 2/15/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/16/60		23c. NAME OF CEMETERY OR CREMATORY Oak Hill		23d. LOCATION (City, town, or county) (State) Maryville, Missouri							
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.				25. DATE RECD. BY LOCAL REG. 2-15-60		26. REGISTRAR'S SIGNATURE [Signature]							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Curtis C. Kenisley

Licensed Embalmer No. 4936

P. O. Address Maryville

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.