

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049077

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3056 Registrar's No. 290

STATE FILE NUMBER

FILED DEC 27 1963

VS 300
Rev. 4/59

10887
20887

3
4 1
5 2
6
7 0
8 0
9 4201
10
11
12 5-0
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 15 years	c. CITY OR TOWN Moberly Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 519 Johnson St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Julia Elizabeth Kitchen		4. DATE OF DEATH Month Day Year 12/19/63	
5. SEX female	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 4/11/04
9. AGE (last birthday) 59		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) sick-room assistant		10b. KIND OF BUSINESS OR INDUSTRY Macon Co., Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John C. Lucas		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Green	14. NAME OF HUSBAND OR WIFE Forrest Kitchen
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 Address Forrest Brock St. Charles, 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) Coronary Artery Myocardial Infarction 48 hrs Hypertensive Coronary Vasculature Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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 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 checked="" 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 1958 to 12/19/63 and last saw her alive on 12/19/63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Forrest Brock 22b. ADDRESS 121 S. Union Road 22c. DATE SIGNED 12/20/63	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/22/63	23c. NAME OF CEMETERY OR CREMATORY Mt. Salem Cemetery	23d. LOCATION (City, town, or county) (State) Jacksonville, Mo.
24. FUNERAL DIRECTOR ADDRESS Million & Greer Moberly, Mo.		25. DATE RECD. BY LOCAL REG. 12-23/1963	26. REGISTRAR'S SIGNATURE Wheat White

USE BLACK INK OR TYPEWRITER RIBBON

730010-700

JAN 23 1964

2821
2821
No. 2821
Moberly, Mo.
Moberly, Mo.

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 Ema M. Million

Licensed Embalmer No. 3956

P. O. Address Moberly, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.