

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 18953

BIRTH NO. 27475-49 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4184 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write BURIAL and give township) <u>SMITHVILLE</u>		c. CITY (If outside corporate limits, write BURIAL and give township) <u>EDGERTON</u>	
c. LENGTH OF STAY (In this place) <u>1 MO. 18 DA</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>JIMMIE</u> b. (Middle) <u>WALLACE</u> c. (Last) <u>KISSICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>5/12/49</u>		9. AGE (In years last birthday) <u>0</u> # UNDER 1 YEAR Months <u>1</u> Days <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>SMITHVILLE MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JAMES KISSICK</u>		13b. MOTHER'S MAIDEN NAME <u>JOYCE HARMER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Kissick, Edgerton, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Fracture (3/4 wks)</u>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>252X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		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 5/12, 1949 to 6-30, 1949, that I last saw the deceased alive on 6-30, 1949, and that death occurred at 2 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Smithville Mo</u>		23c. DATE SIGNED <u>6/30/49</u>	
24a. BURIAL (Specify) FROM REMOVAL (Specify)		24b. DATE <u>7/1/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>REED CEM. EDGERTON, MO.</u>	
24d. LOCATION (City, town, or county)		24e. LOCATION (City, town, or county)		24f. LOCATION (City, town, or county)	
DATE REC'D BY LOCAL RES. <u>July 12, 1949</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rollins, Oak Edgerton Mo</u>	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 11

District Health Officer No. 8,

District File Number _____

Date Filed 7-14-49

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Vivian Rollins Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.