

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22922

State File No. _____

FILED JUL 20 1949

BIRTH NO. _____ REG. DIST. NO. 86-89 PRIMARY REG. DIST. NO. 5328 Registrar's No. 6328

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

1. PLACE OF DEATH a. COUNTY <u>Crawford, Liberty</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Leasburg, "Rural"</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Leasburg, "Rural"</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>William</u> c. (Last) <u>Kitchen</u>			4. DATE OF DEATH <u>June, 26, 1949</u> (Month) (Day) (Year)	
---	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May, 23, 1899</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR: Months <u>1</u> Days <u>3</u>	IF UNDER 1 MIN. Hours <u>—</u> Min. <u>—</u>
--------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Leasburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
---	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>Walter Kitchen</u>		13b. MOTHER'S MAIDEN NAME <u>Corra Ellen Roderique</u>		14. NAME OF SPOUSE OR WIFE <u>Olive</u>			
--	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or date of service) <u>W.W. #1</u>		16. SOCIAL SECURITY NO. <u>499-03-2036</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Olive Kitchen</u> ADDRESS <u>Leasburg,</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congenital cystic kidneys</u>		
	DUE TO (c) <u>kidneys</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____			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 6/14, 1949, to 6/25, 1949, that I last saw the deceased alive on 6/25, 1949, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ronald Scott, M.D.</u> (Degree or title)		23b. ADDRESS <u>Bourbon Mo</u>		23c. DATE SIGNED <u>6/27/49</u>	
--	--	--------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-29-49</u>		24c. NAME OF CEMETERY OR REPOSITORY <u>Lick Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Crawford, Missouri</u>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>6/29/49</u>		REGISTRAR'S SIGNATURE <u>Louis Fullerton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Long</u> ADDRESS <u>Bourbon, Mo.</u>	
---	--	--	--	---	--

8487

58

JUL 2 0 1948

AUG 3 1949

JUL 5 1950

Wm. H. ...

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 *Albert Edouard*

Licensed Embalmer No. 3504

P. O. Address Bourbon, Mo.

Aug 3

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.

Wm. H. ...