

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24203

State File No.

Sarno

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Morehouse</u>	c. LENGTH OF STAY (in this place) <u>22 years</u>	c. CITY OR TOWN <u>Morehouse</u> 72 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>		d. STREET ADDRESS (If rural, give location) <u>5</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Omnia</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Kitchen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 15 49</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W 2</u>	8. DATE OF BIRTH <u>2/21/82</u>	9. AGE (In years last birthday) <u>68</u>	<u>9</u> MONTHS <u>24</u> DAYS	<u>9</u> HOURS <u>24</u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Reelfoot Lake, Tenn./</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>William Kitchen</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cystitis of gall bladder</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Cholecystitis</u> DUE TO (c) <u>Arteriosclerosis, general</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5851</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Morehouse, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 12, 1949, to July 15, 1949, that I last saw the deceased alive on July 13, 1949, and that death occurred at 10:35 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. J. Schuman, M.D.</u>	23b. ADDRESS <u>Morehouse, Mo</u>	23c. DATE SIGNED <u>7-23-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/27/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>	24d. LOCATION (City, town, or county) (State) <u>East Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 28, 1949</u>	REGISTRAR'S SIGNATURE <u>Honor M. Shetter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hunter White Siskala</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

7
2
30

RECEIVED

AUG 6 1949

District Health Office No. 2

District File Number 849-766

Date Filed _____

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.

Signed _____

John A. ...

Signed _____
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Sebaston ...

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.