

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1949

State File No. 26595

BIRTH NO. _____ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 4198 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gentry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gentry	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Leonard c. (Last) Kier		4. DATE OF DEATH (Month) (Day) (Year) Aug 12 - 49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-18-1865
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR 8 Months	IF UNDER 1 HRS. 24 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gentry Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William Kier	
13b. MOTHER'S MAIDEN NAME Charlotte Scoville		14. NAME OF HUSBAND OR WIFE Gora Alice Blaylock	
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'S SIGNATURE OR NAME Mrs. Leonard Kier		ADDRESS Gentry, Mo.	
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) Mitral regurgitation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatectomy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 2 yrs 1947		612X	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) <input checked="" type="checkbox"/>	(COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from March 2, 1948 , to Aug 12, 1949 , that I last saw the deceased alive on Aug 11, 1949 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE S. J. Kase M.D. (Degree or title)		23b. ADDRESS Gentry, Mo.	23c. DATE SIGNED Aug 13 - 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 14 - 49	24c. NAME OF CEMETERY OR CREMATORY New Friendship	24d. LOCATION (City, town, or county) (State) Gentry Co. Mo.
DATE REC'D BY LOCAL REG. Aug 16 - 1949	REGISTRAR'S SIGNATURE Mrs. Edith Childs	25. FUNERAL DIRECTOR'S SIGNATURE Chas. E. Brooks	ADDRESS Albany Mo

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



SEP 3 1949

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

C. H. Burch

Licensed Embalmer No. 3329

P. O. Address Albany, 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.