

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27674

BIRTH NO.		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 4424		Registrar's No. 118		
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humanville</u>		c. LENGTH OF STAY (In this place) <u>18 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Humanville</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle)		c. (Last) <u>KISER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25-1949</u>	
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>Oct. 23-1867</u>	9. AGE (In years last birthday) <u>81</u> <u>10</u> <u>23</u> MONTHS DAY HOURS MIN.		IF UNDER 18 HRS.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wilson Co., Kans.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Samuel Kiser</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy White</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie Kiser</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>1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nettie Kiser, Humanville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>years</u> <u>years</u> <u>4/222</u>	
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 <u>July</u> , 19 <u>48</u> , to <u>August</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 25</u> , 19 <u>49</u> , and that death occurred at <u>3:50P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>D. E. Wetzel M.D.</u>				23b. ADDRESS <u>Humanville, Mo.</u>		23c. DATE SIGNED <u>8-21-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Humanville</u>		24d. LOCATION (City, town, or county) (State) <u>Humanville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 29, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Kinn</u>		ADDRESS <u>Humanville, Mo.</u>		

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 8-49-1081

Date Filed 9-7-49

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed E. H. Pinner

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.