

FILED NOV 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38117

BIRTH NO. 74233-49 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <b>NODAWAY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NODAWAY</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>MARYVILLE</b>		c. LENGTH OF STAY (in this place) <b>10 hr. 35 min</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>GRAHAM</b>		74	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MARTIN HANDEATHER HOSP.</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>			b. (Middle) <b>KISER</b>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 9, 1949</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	
8. DATE OF BIRTH <b>Nov. 9, 1949</b>		9. AGE (in years last birthday) Months Days <b>10 35</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>✓</b>		11. BIRTHPLACE (State or foreign country) <b>Maryville Mo. 0</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>		12. CITIZEN OF WHAT COUNTRY <b>Am.</b>		13a. FATHER'S NAME <b>GEORGE RAYMOND KISER JR</b>	
13b. MOTHER'S MAIDEN NAME <b>ROBERTA JEAN NEFF</b>		14. NAME OF HUSBAND OR WIFE <b>✓</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>GEORGE RAYMOND KISER JR</b>				ADDRESS <b>GRAHAM</b>			
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) <b>PREMATURITY 24 wks</b>  ANTECEDENT CAUSES DUE TO (b) <b>HYDRAMNION</b> DUE TO (c) <b>MULTIPLE PREGNANCY (TOMS)</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7735</b>	
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) m.		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 <b>Nov. 9, 1949</b> , to <b>Nov. 9, 1949</b> , that I last saw the deceased alive on <b>Nov. 9, 1949</b> , and that death occurred at <b>11:00pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M.C. Dew V. D.O.</b>				23b. ADDRESS <b>Mailton, Mo.</b>		23c. DATE SIGNED <b>11/10/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-11-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>L.O.O.F. Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Graham, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-12-49</b>		REGISTRAR'S SIGNATURE <b>Kessholtz 229</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G. M. Matchum Maryville Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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



**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.....  
Student Embalmer

Signed: George M. Atchison

Licensed Embalmer No. 2279

P. O. Address Manassas, Va.

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.