

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38397

FILED NOV 22 1949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 217

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Winfield</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			
3. NAME OF DECEASED a. (First) <u>ANNIE</u> b. (Middle) <u>SAPHIRE</u> c. (Last) <u>KITSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 3, 1874</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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>Winfield, Mo. RFD 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Thomas E. Dixon</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Gatenby</u>	14. NAME OF HUSBAND OR WIFE <u>Edward J. Kitson</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Kitson</u> ADDRESS <u>1544 1/2 St. _____, 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>Intestinal obstruction.</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably Carcinoma of colon</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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 <u>St. Charles Mo</u>	(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 <u>11/10</u> , 19 <u>49</u> , to <u>11/12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/10</u> , 19 <u>49</u> , and that death occurred at <u>7:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>B. H. Neumann, M.D.</u>		23b. ADDRESS <u>St. Charles Mo</u>	23c. DATE SIGNED <u>11/13/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Winfield, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-16-49</u>	REGISTRAR'S SIGNATURE <u>Hannie Hammett</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. J. _____</u>	ADDRESS <u>Elsberry, Mo.</u>

RECEIVED
NOV 19 1949
District Health Officer No. 9,
District File Number

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 _____

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

Student _____
Student Embalmer

Signed *Ly Garland* _____

Licensed Embalmer No. 4012 _____

P. O. Address Elsherry, 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.