

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 253

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 25 | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (in this place) 15 Min. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN cGallatin | | 0310 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | | | d. STREET ADDRESS (If rural, give location) None | | | |
| 3. NAME OF DECEASED (Type or Print) Myrtle | | a. (First) | | b. (Middle) Jessie | | c. (Last) Kyger | |
| 4. DATE OF DEATH January 9, 1950 | | 4. DATE (Month) (Day) (Year) | | 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Mar. 17, 1908 | | 9. AGE (In years last birthday) 41 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (State or foreign country) Leavenworth, Kansas. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Joseph F. Felix | | 13b. MOTHER'S MAIDEN NAME Mary Ann Wiseman | | 14. NAME OF HUSBAND OR WIFE George W. Kyger | | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. W. Kyger Gallatin, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease & mitral stenosis. DUE TO (c) Chronic Cholecystitis & Hepatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 416X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) | | 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 1-9, 1950, to 1-9, 1950, that I last saw the deceased alive on Dec 14, 1950 and that death occurred at 1:15 P. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Louis S. Neundorff, M.D. | | | | 23b. ADDRESS 902 Edmund Street St. Joseph, Mo. | | 23c. DATE SIGNED 1-11-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Jan. 10, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY HNot given Missouri | | 24d. LOCATION (City, town, or county) (State) Hamilton, Missouri. | |
| DATE RECD BY LOCAL REG. Jan. 13, 1950 | | REGISTRAR'S SIGNATURE B. C. Jenkins 382 | | 25. FUNERAL DIRECTOR'S SIGNATURE Walter Miller | | ADDRESS 1946 Colhoun St. St. Joseph, Mo. | |

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 *Robert E. Harrington*

Signed *****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri

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.