

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16298

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 5392 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Near Lenox, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None, Near Lenox, Mo</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>David</b>	c. (Last) <b>Kitchen</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 10, 1950</b>
-------------------------------------	---------------------------	--------------------------	--------------------------	--

5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 28, 1870</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
-----------------	----------------------------	--	---	---	------------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS* OR INDUSTRY <b>--</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
--	---	--	---

13a. FATHER'S NAME <b>Conard Kitchen</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Young</b>	14. NAME OF HUSBAND OR WIFE <b>Augusta Kitchen</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>Augusta Kitchen, Rt 1, Salem, Mo</b>	ADDRESS
---	--------------------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH  <b>334X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe Rheumatoid Arthritis</b> <b>Arteriosclerosis, and</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Extreme marasmus.</b>			

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 Jan 19 49, to May 8, 19 50, that I last saw the deceased alive on May 8, 19 50, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <i>Joseph P. Burnett, M.D.</i>	23b. ADDRESS <b>2 Salem, Mo</b>	23c. DATE SIGNED <b>5-11-50</b>
--	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/12/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kitchen</b>	24d. LOCATION (City, town, or county) (State) <b>Dent County, Missouri</b>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <b>5-15-50</b>	REGISTRAR'S SIGNATURE <i>W. M. Hunt, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl K. Spenser</i>	ADDRESS <b>Salem, Mo</b>
--	--	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 30  
10. 48  
330  
1

RECEIVED 5-22-50

District Health Officer No. 5,

District File Number 550 313

Date Filed 5-25-50

---

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

*Wm. W. McGowan*

Licensed Embalmer No. 3806

P. O. Address Salem, 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.