S. No. 300
7. 10.48

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

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17769

State File No.

BIRTH NO. REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bowling Green
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fitzgerald Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Curryville 0820
d. STREET ADDRESS (If rural, give location) 0

820
0

3. NAME OF DECEASED (Type or Print)
a. (First) Howard
b. (Middle) Franklin
c. (Last) Kisor

4. DATE OF DEATH (Month) May (Day) 9, (Year) 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7
8. DATE OF BIRTH July 1, 1890
9. AGE (In years last birthday) 59 If under 1 year: Months 10 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Plant employee
10b. KIND OF BUSINESS OR INDUSTRY Refractories
11. BIRTHPLACE (State or foreign country) Pike County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME George Kisor
13b. MOTHER'S MAIDEN NAME Telitha McNarry
14. NAME OF HUSBAND OR WIFE Stella Kisor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-24-5302
17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Kisor, **ADDRESS** Curryville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Influenza

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

481X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, *1950, to* May 9, *1950, that I last saw the deceased alive on* May 9, *1950, and that death occurred at* 11:15AM *from the causes and on the date stated above.*

23a. SIGNATURE F. W. Fitzgerald (Degree or title) DC
23b. ADDRESS Bowling Green, Mo. 30½ N. Main Cross St.
23c. DATE SIGNED 5/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE May 11, 1950
24c. NAME OF CEMETERY OR CREMATORY Curryville Cemetery
24d. LOCATION (City, town, or county) Curryville, Missouri (State)

DATE REC'D BY LOCAL REG. 5-16-50
REGISTRAR'S SIGNATURE Bill Robinson 254
25. FUNERAL DIRECTOR'S SIGNATURE W. Waters **ADDRESS** Vandalia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

JUN 24

RECEIVED JUN 1

District Health Officer No.

District File Number 6-50-

Date Filed

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.