

FILED JUN 5 1950

STANDARD CERTIFICATE OF DEATH

17795

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 62

850

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

1. PLACE OF DEATH a. COUNTY <u>Delaware</u>		2. USUAL RESIDENCE (Where deceased lived in institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Delaware</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rickland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rickland</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. DATE OF DEATH (Month) (Day) (Year) <u>5-29-50</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MONROE</u> b. (Middle) _____ c. (Last) <u>KISSINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-29-50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 5, 1869</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Retired Tinsmith</u>	11. BIRTHPLACE (State or foreign country) <u>Rickland MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Retired Tinsmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck w/ motor</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>John Kissinger</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Crocker</u>	14. NAME OF HUSBAND OR WIFE <u>Ellen Kissinger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Kissinger</u>
		ADDRESS <u>Rickland</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar Pneumonia</u> DUE TO (c) <u>Cold-</u>		<u>3 wks.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis</u>		<u>490X</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) 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 May 8, 1950, to May 28, 1950, that I last saw the deceased alive on May 28, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis G. Myers, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Rickland, Mo</u>	23c. DATE SIGNED <u>6-2-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/31/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Rickland MO</u>
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DATE REC'D BY LOCAL REG. <u>6-3-50</u>	REGISTRAR'S SIGNATURE <u>Shelma C. Buckthorpe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Kissinger</u>	ADDRESS <u>Rickland</u>
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RECEIVED 6/3/50  
Pulaski County Health Officer  
File Number \_\_\_\_\_  
Date Filed 6/3/50

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 W. E. Craig

Licensed Embalmer No. 4764

P. O. Address Richland, 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.