

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 20762

FILED JUN 21 1950

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 0613 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina. (Rural) Benton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina. Rural. Benton 0520</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>6 miles North East of Edina.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harriet</u>	b. (Middle) <u>Sophia</u>	c. (Last) <u>Kiesow</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June-9-1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>March-16-1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Knox County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John T. Parrish</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Callaghan</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Kiesow</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Les Dye</u> ADDRESS <u>Edina, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Rectum</u>		
	DUE TO (c) <u>Cardiovascular renal disease & hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>154 X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-15, 1949, to 6-9, 1950, that I last saw the deceased alive on 6-9, 1950, and that death occurred at 11:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Spang</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Albany, New York, N.Y.</u>	23c. DATE SIGNED <u>6-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June-12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Millport</u>	24d. LOCATION (City, town, or county) (State) <u>Millport Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Jun-12-50</u>	REGISTRAR'S SIGNATURE <u>Will S. Nunneke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Al Primmer</u> ADDRESS <u>Edina, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 19 1950

District Health Officer No. 10

District File Number 6-50-1018

Date Filed JUN 20 1950

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 _____
Student Embalmer

Signed

Wm J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.