

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25725  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (in this place) <b>29 years</b>		d. STREET ADDRESS (If rural, give location) <b>228 East Yearby St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>228 East Yearby St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nancy</b>	b. (Middle) -----	c. (Last) <b>Kiser</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 3rd, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>May 3rd, 1886</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>0</b>	IF OVER 1 YEAR Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House keeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Saline County, Missouri</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Kiser</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Winslow</b>	14. NAME OF HUSBAND OR WIFE -----
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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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Arzelia Kiser, Marshall, Mo.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatous</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Uterus</b>		DUE TO (c) <b>15 mos.</b>
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			<b>1741</b>

19a. DATE OF OPERATION <b>Jan 17-49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma Intestus</b>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan**, 19 **49**, to **Aug 3**, 19 **50**, that I last saw the deceased alive on **Aug 3**, 19 **50**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert Kennedy, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Marshall Mo</b>	23c. DATE SIGNED <b>8-4-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 5, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saline County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Aug 4-1950</b>	REGISTRAR'S SIGNATURE <b>Richard T. Gray</b>	385	25. FUNERAL DIRECTOR'S SIGNATURE <b>CAMPBELL-LEWIS-MARSHALL-MO.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
DISTRICT HEALTH OFFICE No  
District File Number  
Date Filed 8-7-57

FEB 6 1957

STATEMENT BY LICENSED EMBALMER

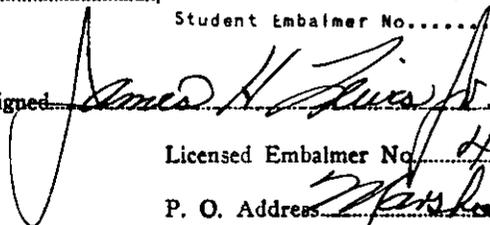
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed



Licensed Embalmer No. 4709

P. O. Address. Marshall, 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.