

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36404

FILED DEC 5 1950

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4103 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Cass</u>	
d. CITY (If outside corporate limits, write RURAL and give township) <u>Cleveland MO</u>		c. CITY (If outside corporate limits, give RURAL and give township) <u>Cleveland MO</u>	
c. LENGTH OF STAY (in this place) <u>45 yr.</u>		d. STREET ADDRESS <u>110 South 3rd St. Cleveland MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Cleveland Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Martin</u> c. (Last) <u>Kisling</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21 - 1950</u>
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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>Aug 31 - 1870</u>	9. AGE (In years last birthday) <u>80</u>	10. F UNDER 1 YEAR (Months) _____	10. F UNDER 1 YEAR (Days) _____	10. F UNDER 1 WRS. (Hours) _____	10. F UNDER 1 WRS. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of workable, even if retired) <u>Retired Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Auderson Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Kisling</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Belenda Kisling</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>487-12-8226</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Belenda Kisling</u>	17. ADDRESS <u>Cleveland</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</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) _____ 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 1938 to 11/17, 1950, that I last saw the deceased alive on 11/17, 1950, and that death occurred at 1140P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Martin V. Robbins, M.D.</u>	23b. ADDRESS <u>Peuliac, MO</u>	23c. DATE SIGNED <u>11/22/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 23 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cleveland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cleveland Cass Co. MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 23, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u>	ADDRESS <u>Cleveland MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

190

RECEIVED
DEC 2 1950
CASS COUNTY
HEALTH DEPARTMENT

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 Geo. E. Myers

Licensed Embalmer No. 2577

P. O. Address Cleveland 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.