

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41517

State File No.

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 29

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u> | |
| c. LENGTH OF STAY (in this place) <u>27 days</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u> | | | |

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|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) _____ c. (Last) <u>Kistler</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8 1950</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>4/10/1878</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | |
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| 13a. FATHER'S NAME <u>? Gephart</u> | 13b. MOTHER'S MAIDEN NAME <u>No Record</u> | 14. NAME OF HUSBAND OR WIFE <u>A.J. Kistler</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>*****</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Argyl Kistler</u> ADDRESS <u>Stella 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Gangrene</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Refused Insulin)</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | 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 11-11-, 1950, to 12-8-, 1950, that I last saw the deceased alive on 12-8-, 1950, and that death occurred at 4:40 a. m., from the causes and on the date stated above.

| | | |
|--|--------------------------------------|---|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Stella Missouri.</u> | 23c. DATE SIGNED <u>12-10-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/10/1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia</u> |
| 24d. LOCATION (City, town, or county) <u>Stella, (Newton), Mo.</u> | | (State) _____ |

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|--|--|-----|--|
| DATE REC'D BY LOCAL REG <u>Dec 13 1950</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 369 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u> |
|--|--|-----|--|

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.
 District File Number 1250-278
 Date Filed 12/20/52

FEB 16 1951

JAN 8 1953

JAN 13 1953

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 James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.