

FILED FEB 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 653

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319 Registrar's No. 57

270
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Atterville Twp)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Atterville Twp)</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1 mile East of Atterville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTIE</u> b. (Middle) <u>MARY</u> c. (Last) <u>KUYKENDALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31, 1951</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>April 12, 1881</u>
9. AGE (In years last birthday) <u>69</u> <u>9</u> <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edwin Bartlett</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>Charles H. Kuykendall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. R. Kuykendall, Atterville Mo</u>
		ADDRESS <u>Atterville Mo</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, ashenia, 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>Mitral Stenosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Hypertrophy</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cystitis</u>		<u>NO</u>	
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 April, 1950, to Jan. 31, 1951, that I last saw the deceased alive on Jan 31, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. W. Johnson</u>	(Degree or title) <u>D. O. S.</u>	23b. ADDRESS <u>Atterville, Mo.</u>	23c. DATE SIGNED <u>2/2/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Atterville Mo</u>
DATE REC'D BY LOCAL REG <u>Feb 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Hellie Mullett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Painter</u>	ADDRESS <u>Atterville, Mo.</u>

RECEIVED 2-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-13-51 _____

APR 20 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

Robert L. Painter

Licensed Embalmer No. *4069*

P. O. Address *Atterville, 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.