S. No. 300
v. 10.48

0070

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

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7476

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5091 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - OSAGE TWP
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 MI. S - RICH HILL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BATES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - OSAGE TWP. 0070
d. STREET ADDRESS (If rural, give location): 2 MI - S - RICH HILL.

3. NAME OF DECEASED (Type or Print)
a. (First): ELMIRA
b. (Middle): LOUISE
c. (Last): KITHCART

4. DATE OF DEATH (Month) (Day) (Year): APRIL - 5 - 1951

5. SEX: FEMALE.

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED. 2

8. DATE OF BIRTH: JULY - 15 - 1861

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY - DIERS

13b. MOTHER'S MAIDEN NAME: LOUISE TARVIS.

14. NAME OF HUSBAND OR WIFE: JOHN A. KITHCART - DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: Leland Kithcart
ADDRESS: Rich Hill, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 442 X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* [illegible], 19[illegible], *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] **(Degree or title)** M.D.
23b. ADDRESS [illegible]
23c. DATE SIGNED [illegible] 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 8 - 1951
24c. NAME OF CEMETERY OR CREMATORY: GREEN LAWN CEM.
24d. LOCATION (City, town, or county) (State): RICH HILL - MISSOURI

DATE REC'D BY LOCAL REG.: Apr. 7. 1951
REGISTRAR'S SIGNATURE: Mrs. Edna Douglass
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25. FUNERAL DIRECTOR'S SIGNATURE: Booth Funeral Service
ADDRESS: Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-10-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 4-10-51

APR 26 1951

APR 17 1951

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 Robert G. Steinbeck

Signed
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.