

FILED MAY 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13115

530

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

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5631 Registrar's No. 470

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stoutland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stoutland</u>	
c. LENGTH OF STAY (In this place) <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoutland</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Melvin</u> b. (Middle) <u>Kissinger</u> c. (Last) <u>Kissinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 29 1883</u>
9. AGE (In years last birthday) <u>67</u> Months <u>8</u> Days <u>20</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Stoutland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James Kissinger</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Moday</u>	14. NAME OF HUSBAND OR WIFE <u>Lulla Kissinger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lulla Kissinger</u> ADDRESS _____

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cessation of respiration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> <u>2 wks</u> DUE TO (c) <u>Chronic heart & kidney disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>injury of liver</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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 2, 1951, to April 16 1951, that I last saw the deceased alive on 4-16, 1951, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis S. Myers D.O.</u> (Degree or title)	23b. ADDRESS <u>Richland Mo</u>	23c. DATE SIGNED <u>4-19-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland</u>	24d. LOCATION (City, town, or county) (State) <u>Stoutland Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-25-1951</u>	REGISTRAR'S SIGNATURE <u>Lulla L. Mayo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Evans Funeral Home</u> ADDRESS <u>Stoutland, Mo.</u>
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(Licensed Emballer's Statement on Reverse Side)

Received 1961 8 2 84V APR 28 1951
Laclede County Health Unit
File No. 4-51-67
Date Filed APR 30 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 W. E. Halman

Signed
Student Embalmer

Licensed Embalmer No. 4107

P. O. Address Lebanon 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.