

FILED JUN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20555

493  
0

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 132

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>  |  | c. LENGTH OF STAY (In this place) <u>22 wks</u>  |  |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural- Madison Twnship</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Carthage Route 1</u>  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BELLE</u> b. (Middle) <u>ZORA</u> c. (Last) <u>KYTE</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 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 4, 1869</u>  |
| 9. AGE (In years last birthday) <u>82</u>   |  | 10. UNDER 1 YEAR Months _____ Days _____   | 11. UNDER 2 WKS. Hours _____ Min. _____  |
| 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 <u>at home</u>   | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u>                              |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |  |  |
| 13a. FATHER'S NAME <u>Harm Ellis</u>  |  | 13b. MOTHER'S MAIDEN NAME _____  | 14. NAME OF HUSBAND OR WIFE <u>Tom Kyte</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>no</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Archie Rice, Rte 1, Carthage, Mo</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>                                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br>ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u><br>DUE TO (c) <u>Age</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 18. INTERVAL BETWEEN ONSET AND DEATH <u>5 months</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) <u>Natural</u>   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Jasper Mo</u>  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____  | 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 <u>Dec 14, 1947</u> , 1950, to <u>June 14, 1951</u> , that I last saw the deceased alive on <u>June 14, 1951</u> , and that death occurred at <u>6:40 p.m.</u> , from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <u>H. P. Baker</u> (Degree or title) <u>MD</u>   |  | 23b. ADDRESS <u>Carthage, Mo</u>   | 23c. DATE SIGNED <u>6-15-51</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>   | 24b. DATE <u>6-18-1951</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>   | 24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>                    |
| DATE REC'D BY LOCAL REG. <u>6-18-51</u>   | REGISTRAR'S SIGNATURE <u>L. B. Clinton MD</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>   |  |

RECEIVED 6-26-51  
Jasper County Health Office

County File Number 51/6/519  
Date Filed 6-26-51

NOV 6 1952  
NOV 7 1952

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 Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Carthage, 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.