

No. 300
10.48
Insen

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26120**

FILED SEP 12 1951

BIRTH NO. _____ REG. DIST. NO: **27** PRIMARY REG. DIST. NO. **1096** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Bates 0040		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Mt. Pleasant		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Mt. Pleasant 0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION R910 # 3		d. STREET ADDRESS (If rural, give location) R910 # 3	

3. NAME OF DECEASED a. (First) Albert		b. (Middle) Everett		c. (Last) Kistler		4. DATE OF DEATH (Month) (Day) (Year) Sept 2, 1951					
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH June 14, 1891		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 2 Days 18		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY 			11. BIRTHPLACE (State or foreign country) KANSAS			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John Kistler		13b. MOTHER'S MAIDEN NAME Elizabeth Duffner		14. NAME OF HUSBAND OR WIFE Bessie Mae Kistler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Mae Kistler - R910 Butler	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH inst -	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Died suddenly - attack while milking cow			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) Butler Bates Mo -		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Heart attack		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Underwood Coroner		(Degree or title)		23b. ADDRESS Butler Mo -		23c. DATE SIGNED 9-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 4, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. Sept 3 - 1951		REGISTRAR'S SIGNATURE Randall Spring		25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood		ADDRESS Butler - Mo.	

(I. Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-11-51 _____

EX-16 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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *George T. Hill* _____

Licensed Embalmer No. *4743* _____

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.