

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

32791

State File No.

FILED OCT 24 1951

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place) <u>2 1/2 Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u> <u>0143</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Callaway Co., Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>301 W 5th St.;</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Allice</u>	b. (Middle)	c. (Last) <u>Kite</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 3, 1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>	IF UNDER 11 HRS. Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Fulton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas Kite</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Castle</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. S. Miller</u>	ADDRESS <u>Fulton, Mo R#6</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pneumonia, Hypotension</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage Left Hemisphere</u> DUE TO (c) <u>Generalized Arteriosclerosis with Hypertension</u>		
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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-24, 1951, to 10-13, 1951, that I last saw the deceased alive on 10-13, 1951, and that death occurred at 10:40p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sharon J. Wood</u>	(Degree or title)	23b. ADDRESS <u>Fulton Mo.</u>	23c. DATE SIGNED <u>10/15/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct-15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pioneer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 15 1951</u>	REGISTRAR'S SIGNATURE <u>Marilla Lawrence</u>	4260	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u>	ADDRESS <u>Fulton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

43

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 21 1951

RECEIVED

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

Russell C. Maad

Licensed Embalmer No. 4807

P. O. Address Fulton, 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.