

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15

0013  
4

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>31</u>			
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SCOTLAND</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place) <u>4 mos. 1 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>		1990			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY Nursing Home #1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u>			c. (Last) <u>KIGAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-23-52</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>7-15-1892</u>	9. AGE (In years last birthday) <u>59</u>	If UNDER 1 YEAR Months	If UNDER 4 HRS. Hours	If UNDER 15 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM HAND</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (State or foreign country) <u>Scotland Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Kiglar</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Francis</u>		14. NAME OF HUSBAND OR WIFE _____				
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Dan Bureau</u>		ADDRESS <u>Memphis Mo</u>			
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>SEPSIS</u>				DUE TO (b) <u>TRANSVERSE Myelitis</u>				<u>24 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Multiple Sclerosis</u>								<u>10 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>Unknown</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>343X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <u>Sept. 22, 1951</u> , to <u>Jan. 23, 1952</u> , that I last saw the deceased alive on <u>Jan. 23, 1952</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. J. Lutensahn</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>Kirkville Mo</u>		23c. DATE SIGNED <u>1-23-52</u>			
24a. BURIAL, CREMATION, REMOVAL <u>1</u>		24b. DATE <u>Jan 25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brembling</u>		24d. LOCATION (City, town, or county) (State) <u>Brembling Mo</u>				
DATE REC'D BY LOCAL REG. <u>1-27-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steth &amp; Pugh</u>		ADDRESS <u>Memphis Mo</u>			

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**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.

Signed..... *[Handwritten Signature]*.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4258

P. O. Address Memphis Tenn

**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.