S. No. 300
Rev. 10.48

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12636

0396

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 360

1. PLACE OF DEATH
a. COUNTY: Green
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenfield 0290
d. STREET ADDRESS (If rural, give location): Wells St. 1

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Ann c. (Last) Kyle
4. DATE OF DEATH (Month) (Day) (Year): Apr. 10, 1952
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 24, 1866
9. AGE (In years last birthday): 85 — If under 1 year: Months 8, Days 16 — If under 1 hr.: Hours –, Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Scott County, Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Roller
13b. MOTHER'S MAIDEN NAME: Amanda Payne
14. NAME OF HUSBAND OR WIFE: Dr. T. R. Kyle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Miss Maude Kyle; Hot Springs, Ark.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture left femur — Interval between onset and death: 1 week.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): E9030

DUE TO (c): 20

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Possible Thyrotoxic Heart Disease — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 029
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Greenfield Dade Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 5 '52 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell on linoleum in home

22. I hereby certify that I attended the deceased from Apr. 5, 1952, to Apr 10, 1952, that I last saw the deceased alive on Apr 10, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE: James T. Good (Degree or title): M.D.
23b. ADDRESS: 500 Holland Bldg
23c. DATE SIGNED: 4-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-1952
24c. NAME OF CEMETERY OR CREMATORY: Greenfield Cemetery
24d. LOCATION (City, town, or county) (State): Greenfield, Mo.

DATE REC'D BY LOCAL REG.: 4-18-52
REGISTRAR'S SIGNATURE: James R. Conner, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. C. Canada, Greenfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Me

Signed.....
Student Embalmer

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.