

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

32640

State File No.

No. 300
10.48

FILED SEP 22 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 7058 Registrar's No. 188

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY ST. CHARLES	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES	a. STATE MISSOURI	b. COUNTY ST. CHARLES
c. LENGTH OF STAY (in this place) 9 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST ALTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		d. STREET ADDRESS (If rural, give location) R# 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MARY	b. (Middle)	c. (Last) KITE	SEPT. 12, 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 1, 1879	9. AGE (In years last birthday) 72	10. BIRTHPLACE (State or foreign country) WEST ALTON, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (State or foreign country) WEST ALTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE BARNEY KITE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WITTIE MALSON	ADDRESS West Alton
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Heart failure		INTERVAL BETWEEN ONSET AND DEATH Under.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis			Under.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 9-3, 1952, to 9-12, 1952, that I last saw the deceased alive on 9-12, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE L.H. McIntire (Degree or title) M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 9-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-15-52	24c. NAME OF CEMETERY OR CREMATORY EBENEZER CEMETERY	24d. LOCATION (City, town, or county) (State) WEST ALTON, MISSOURI
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DATE REC'D BY LOCAL REG. 9-15-52	REGISTRAR'S SIGNATURE David Hammett	25. FUNERAL DIRECTOR'S SIGNATURE Barber Funeral Home - Alton Ill.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

723
0

11

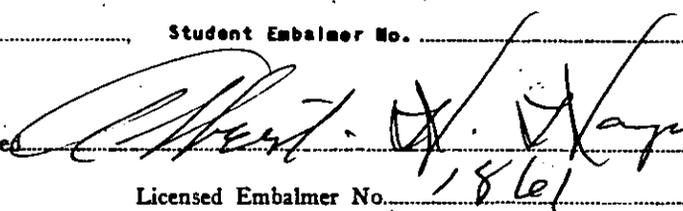
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Student Embalmer No. _____

Signed  _____

Licensed Embalmer No. 1861

P. O. Address _____

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.