

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38768**
4851

FILED NOV 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City "Rural"</u>	
c. LENGTH OF STAY (In this place) <u>15 days</u>		d. STREET ADDRESS (If rural, give location) <u>9135 Holmes 0489 X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Kiser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 1952</u>
5. SEX <u>Male</u>	COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 2 1874</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Marshal</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SHAWNEE, KS</u>	11. BIRTHPLACE (State or foreign country) <u>Hoka MINNESOTA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Elijah F. Kiser</u>	13b. MOTHER'S MAIDEN NAME <u>Cornelia Smalley</u>	14. NAME OF HUSBAND OR WIFE <u>Sydia Ann Kiser</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John C Kiser 1112 W 41st St KC. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> INTERVAL BETWEEN ONSET AND DEATH <u>unt</u> 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. <u>177X</u>	
19a. DATE OF OPERATION <u>16 Oct</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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?	
22. I hereby certify that I attended the deceased from <u>1500</u> , 19 <u>52</u> , to <u>3100</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3100</u> , 19 <u>52</u> and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. E. Carlson M.D.</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1316 Professional Bldg & New Rd</u>	23c. DATE SIGNED
24a. BIRTHPLACE, CREMATION (REMOVAL) (Specify) <u>Rural</u>	24b. DATE <u>11-6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>	24d. LOCATION (City, town, or county) (State) <u>Shawnee Kansas</u>
DATE REC'D BY LOCAL REG. <u>11-5-52</u>	REGISTRAR'S SIGNATURE <u>Leraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur N Hoge, Overland Park, KS</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J Royce Hoge

Licensed Embalmer No. 2579

P. O. Address Cleveland, Ohio 16

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.