

DEC 16 1952

STANDARD CERTIFICATE OF DEATH

State File No. 44236-12

BIRTH NO.		REG. DIST. NO. 356		PRIMARY REG. DIST. NO. 6210		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Texas			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Upton		c. LENGTH OF STAY (In this place or township) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural		10710	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 3 mi S. of Success Mo			
3. NAME OF DECEASED (Type or Print) a. (First) ETHEL		b. (Middle) ARLETHA		c. (Last) KISER		4. DATE OF DEATH (Month) (Day) (Year) Dec 1 1952	
5. SEX Fe	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 18 1905		9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months: 5 Days: 13	IF UNDER 24 HRS. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Texas Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Aron O. Harris		13b. MOTHER'S MAIDEN NAME May Lewis		14. NAME OF HUSBAND OR WIFE Dale S. Kiser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mabel Tuttle Houston Mo			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 2 yrs ANTECEDENT CAUSES Morbidity 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.					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) M		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 Nov 28 19 52 to Nov 30 19 52 that I last saw the deceased alive on Nov 30 19 52 and that death occurred at 6:30 P.m., from the causes and on the date stated above.							
23a. SIGNATURE Mabel Tuttle				23b. ADDRESS Licking Mo		23c. DATE SIGNED 12-3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-52		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Texas Co. Mo	
DATE REC'D BY LOCAL REG. Dec. 9-52		REGISTRAR'S SIGNATURE Myrtle Craig		327-0		25. FUNERAL DIRECTOR'S SIGNATURE Ellitt Zussel Bone	
						ADDRESS Houston 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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank E. Hood.....

Licensed Embalmer No. 4026.....

P. O. Address Houston, 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.