

V. S. No. 138
844. Bro. 138
JUN

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45261**
Registrar's No. **10**

FILED JUN 11 1953

BIRTH NO. _____		REG. DIST. NO. 104	PRIMARY REG. DIST. NO. 5420	Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Holcomb (Rural)		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb Rural 0350		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Anda b. (Middle) Catherine c. (Last) Kitchell			4. DATE OF DEATH (Month) (Day) (Year) 3-27-52		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-2-1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Stoddard County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Martin Riddle		13b. MOTHER'S MAIDEN NAME Sarah Fields	14. NAME OF HUSBAND OR WIFE Miller Kitchell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna M. Adams, Holcomb, Mo. ADDRESS _____		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebro-Vascular accident Right Hemiplegia ANTECEDENT CAUSES Chronic Hypertensive Cardio-vascular disease 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. _____			INTERVAL BETWEEN ONSET AND DEATH 10 min - 3 years -
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 443X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 1/1 , 19 45 , to 1/15 , 19 57 , that I last saw the deceased alive on 1/15 , 19 57 , and that death occurred at 1:57 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wallace A. Selsby, M.D.			23b. ADDRESS Campbell, Mo.		23c. DATE SIGNED 6/4/53.
24a. BURIAL, CREMATION, REMOVAL (Specify) North Caanan	24b. DATE 3-29-52	24c. NAME OF CEMETERY OR CREMATORY North Caanan		24d. LOCATION (City, town, or county) (State) Near Gibson, Mo.	
DATE REC'D BY LOCAL REG. 6-3-53	REGISTRAR'S SIGNATURE J. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Lloyd M. Russell ADDRESS Stiggett, Ark.			

1952
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

This is a Supplementary as the Original has been lost some where and the processing
Lou Goodshaw.

JUN 12 1952

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russett

Licensed Embalmer No. 509-ark

P. O. Address Piggott, Ark

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.