

S: No. 300
v. 10.48

0270

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5261

State File No.

FILED MAR 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Atterville, Rural</u>	c. LENGTH OF STAY (In this place) <u>60 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Atterville Twp (Rural)</u>	d. STREET ADDRESS (If rural, give location) <u>2 miles East of Atterville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles East of Atterville</u>			

3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>H.</u> c. (Last) <u>KUYKENDALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24 1953</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 20, 1876</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State of Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James F. Kuykendall</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Bell</u>	14. NAME OF HUSBAND OR WIFE <u>Burdie Kuykendall</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Kuykendall, Atterville, Mo</u>		ADDRESS <u>Atterville, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>ARTERIO SCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PROSTATIC HYPERTROPHY</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)	
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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?	
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22. I hereby certify that I attended the deceased from JAN, 1950, to Feb. 24, 1953, that I last saw the deceased alive on Feb 24, 19 53, and that death occurred at 5:22 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. W. Johnson</u>	(Degree or title) <u>d. o.</u>	23b. ADDRESS <u>Atterville Mo.</u>	23c. DATE SIGNED <u>Feb. 25, '53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 26, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Smithton, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 25, 1953</u>	REGISTRAR'S SIGNATURE <u>Hellie Mueller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays - Printer, Atterville, Mo</u>		ADDRESS
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(Licensed Embalmer's Statement of Reverse Side)

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

MAY 13 1966

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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.