

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9090

State File No.

FILED MAR 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>3009</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Mo</u>		0161	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>606 W Adams St</u>				d. STREET ADDRESS (If rural, give location) <u>606 W Adams St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u>			b. (Middle)			c. (Last) <u>Kistner</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 18 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Mar 3 1903</u>		9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>		IF UNDER 6 WKS. Weeks <u>10</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Leemon Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Sam King</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Dunn</u>		14. NAME OF HUSBAND OR WIFE <u>August Kistner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eddy Kistner Jackson 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>Thyrototoxicosis</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.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2520</u>				20. AUTOPSY? YES <input 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)		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>3-14 1953</u> to <u>3-16 1953</u> , that I last saw the deceased alive on <u>3-16 1953</u> and that death occurred at <u>1:45 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. N. Jagger, M.D.</u>				23b. ADDRESS <u>Jackson Mo.</u>		23c. DATE SIGNED <u>3-18-53</u>	
24a. BURIAL-CREMATATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 19 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAR 24 1953</u>		REGISTRAR'S SIGNATURE <u>Allyde A. Bridges</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComb & Co Jackson Mo</u>		

(Licensed Embalmers' Section on Reverse Side)

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

APR 2 1958

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

B A Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.