

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16918

State File No.

FILED MAY 20 1953

| | | | | | | | | |
|--|---|--|--|--|--|--|--|-----------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | | PRIMARY REG. DIST. NO. <u>3900</u> | | Registrar's No. <u>170</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>0013</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u> <u>1013</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> | | | c. LENGTH OF STAY (In this place) <u>life</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> <u>d</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>616 S. 6th St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>616 S. 6th St.,</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> | | | b. (Middle) <u>Belle</u> | | c. (Last) <u>Iaiser</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1953</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | | 8. DATE OF BIRTH <u>Mar. 28, 1875</u> | | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Yarrow, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>William Steele</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Smith</u> | | 14. NAME OF HUSBAND OR WIFE <u>Adam P. Iaiser</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>X</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Iaiser, Kirksville, Mo.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 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>1561</u> | | | | | | _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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 <u>Sept 12, 1952</u> to <u>May 18, 1953</u> , that I last saw the deceased alive on <u>May 18, 1953</u> and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. J. Proaddo, M.D.</u> | | | | 23b. ADDRESS <u>Kirkville, Mo.</u> | | 23c. DATE SIGNED <u>5/18/53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/20/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Yarrow</u> | | 24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5-18-53</u> | | REGISTRAR'S SIGNATURE <u>Kirkville Mo - J. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kirkville, Mo</u> | | | | |

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James E. Kackerman

Licensed Embalmer No. 4573

P. O. Address Kirkville, 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.