

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21011**

FILED JUN 29 1953

BIRTH NO.		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 5286		Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clark			
b. CITY (If outside corporate limits, write RURAL and give township) Wyaconda Twp		c. LENGTH OF STAY (In this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) Rural		0230	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Wyaconda Twp			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur W. b. (Middle) Kain c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 6-22-53				
5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 10-1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME J. W. Kain		13b. MOTHER'S MAIDEN NAME Margaret Hoatthles		14. NAME OF HUSBAND OR WIFE Rosa Mae Korachgau			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Rosa W. Kain Granger mo.			
18. CAUSE OF DEATH 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) Carbon monoxide poisoning by inhalation 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9731				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wyaconda Twp, Clark, Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wyaconda Twp, Clark, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June, 22, 1953 5:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell from tail pipe to car inside			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Perry S. Barton (Degree or title) Coroner				23b. ADDRESS Kahoka, Mo		23c. DATE SIGNED 6-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-25-53		24c. NAME OF CEMETERY OR CREMATORY Kahoka City Cemetery		24d. LOCATION (City, town, or county) (State) Kahoka Missouri	
DATE REC'D BY LOCAL REG. 6/26-53		REGISTRAR'S SIGNATURE J. P. Dreyfus		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred Charles Kahoka Mo.			

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

6961 1 & 700

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka, 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.