

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31271

State File No.

No. 300
10. 48

FILED OCT 14 1953 124

BIRTH NO. ~~124~~ REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5269 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Christian			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Christian		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, McCracken Twp. 6 Yrs.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, McCracken Twp. 0220		d. STREET ADDRESS (If rural, give location) Christian Sparta Mo RR
d. FULL NAME OF HOSPITAL OR INSTITUTION			4. DATE OF DEATH Oct. 4, 1953		
3. NAME OF DECEASED (Type or Print) Kissie			a. (First)	b. (Middle)	c. (Last) Caudle
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 20, 1872	9. AGE (In years last birthday) 81	10. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Faucett		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Affie Garrison, Rt. #1 Sparta, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) The attending Physician	ANTECEDENT CAUSES				DUE TO (b) Dr. R. R. Parthing Ozark Mo.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) died Sept 24 - 1953.				DUE TO (c) died Sept 24 - 1953.
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. No Medical certificate available.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				7955
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 _____, 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 Loretta M. Leonard Local Registrar Ozark Mo			23b. ADDRESS		23c. DATE SIGNED Oct 9 - 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Linden Cemetery		24d. LOCATION (City, town, or county) (State) Christian, Missouri	
DATE REC'D BY LOCAL REG. Oct 9 - 1953	REGISTRAR'S SIGNATURE Loretta M. Leonard 59		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. B. Chaffin Ozark Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 1959

OCT 20 1959

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

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address

Ozark, 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.