

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35694**
Registrar's No. **226**

FILED NOV 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Clinton		c. CITY OR TOWN Clinton	
c. LENGTH OF STAY (in this place) 80 yrs		d. STREET ADDRESS (If rural, give location) RR # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Convalescent Home			

3. NAME OF DECEASED a. (First) Florence b. (Middle) X c. (Last) Kiryon			4. DATE OF DEATH (Month) (Day) (Year) October 26 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Oct 9, 1867		9. AGE (in years last birthday) 86		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Kokomo, Indiana	

13a. FATHER'S NAME Peter Gilbert		13b. MOTHER'S MAIDEN NAME Margaret E. Guyan		14. NAME OF HUSBAND OR WIFE Daniel L. Kiryon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Robba Kiryon ADDRESS Clinton, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Hip		1957	
		DUE TO (c) Nephritis		2 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222 F		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)	
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 **Jan 1951**, to **10-26, 1953**, that I last saw the deceased alive on **10-25, 1953**, and that death occurred at **7 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. S. Walker, M.D.		23b. ADDRESS Clinton Mo.		23c. DATE SIGNED 10-27-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Englewood	
				24d. LOCATION (City, town, or county) (State) Clinton Missouri	

DATE RECD BY LOCAL REG. Oct-28-53 Florence		REGISTRAR'S SIGNATURE Adair		25. FUNERAL DIRECTOR'S SIGNATURE Consalus Funeral Home ADDRESS Clinton, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

J E Condeau

Licensed Embalmer No. *1891*

P. O. Address *Clinton, 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.