

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3896

State File No. _____

FILED MAR 15 1954

402

BIRTH NO. _____		REG. DIST. NO. <u>402</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laddonia</u>		c. LENGTH OF STAY (in this place) <u>100A</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Britton's Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Diamond Hill</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Margaret</u>		b. (Middle) <u>Beulah</u>		c. (Last) <u>Kindred</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>8</u>		(Year) <u>1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sep 5, 1878</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>William Stotler</u>		13b. MOTHER'S MAIDEN NAME <u>Julia A. Berry</u>		14. NAME OF HUSBAND OR WIFE <u>Comodore Kindred</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fred Moore, Vandalia, 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>adenocarcinoma hepatic</u> <u>flexure colon & liver metastases</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>				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) (Min.)		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>2/15/54</u> , 19 <u>54</u> , to <u>3/8/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/8/54</u> , 19 <u>54</u> , and that death occurred at <u>8:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Moore MD</u> (Degree or title)				23b. ADDRESS <u>Vandalia Mo</u>		23c. DATE SIGNED <u>3/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Middletown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Middletown, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-8-54</u>		REGISTRAR'S SIGNATURE <u>Maude K...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>		ADDRESS <u>Vandalia, Mo.</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed William B. Stater

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.