

STANDARD CERTIFICATE OF DEATH

State File No. **5429**

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **57VS** Registrar's No. **170**

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

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Macon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hudson Paul		c. LENGTH OF STAY (In this place) ✓	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon Paul		d. STREET ADDRESS (If rural, give location) 0610
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓					
3. NAME OF DECEASED (Type or Print) a. (First) Eliza			b. (Middle) Kindle	c. (Last) Kindle	
4. DATE OF DEATH (Month) (Day) (Year) 1-6-54					
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-23-75		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Dallas, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME W. Tomlinson		13b. MOTHER'S MAIDEN NAME Sarah Fittle		14. NAME OF HUSBAND OR WIFE Geo. Kindle	
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 Geo. Kindle ADDRESS Macon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiopend. insufficiency				1 mo
	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) Parkinson Disease				years
	DUE TO (c) Arthritis.				years
	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			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) 725X		
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 28 Dec, 1953, to 6 Jan, 1954 , that I last saw the deceased alive on 4 Jan, 1954 , and that death occurred at 5:30 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Donald E. Eggleston			23b. ADDRESS Macon, Missouri		23c. DATE SIGNED 11 Jan 53
24a. BURIAL, CREMATION, OR REMOVAL (Specify) burial		24b. DATE 1-9-54	24c. NAME OF CEMETERY OR CREMATORY Med. Parkwood Cem.	24d. LOCATION (City, town, or county) (State) Berwin Mo	
DATE REC'D BY LOCAL REG. 1-15-54		REGISTRAR'S SIGNATURE Juth McCreedy		25. FUNERAL DIRECTOR'S SIGNATURE W. Edwards ADDRESS Berwin Mo	

RECEIVED 2-23-54
MACON COUNTY HEALTH DEPARTMENT
County File No: 2-54-9
Date Filed 2-24-54

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 W. S. Edwards

Licensed Embalmer No. 1961

P. O. Address Brewer, Ma.

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.