No. 300
10-48

850

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4428 State File No. 9678

BIRTH NO. FILED MAR 24 1954 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland, Mo
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland 0850
d. STREET ADDRESS (If rural, give location): Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): Charley
b. (Middle): None
c. (Last): Kissinger

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Jan 28, 1877
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 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: None
11. BIRTHPLACE (State or foreign country): Richland, Missouri Rural 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Kissinger
13b. MOTHER'S MAIDEN NAME: Margaret Bracket
14. NAME OF HUSBAND OR WIFE: Rebecca Godfrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ada Fradford
ADDRESS: Richland, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infarct thrombus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cancer prostate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201H
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945 *to* March 17, 1954, *that I last saw the deceased alive on* March 17, 1954, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. R. Myers (Degree or title) D.O.
23b. ADDRESS: Richland, Missouri
23c. DATE SIGNED: March 18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 20, 1954
24c. NAME OF CEMETERY OR CREMATORY: OakLawn Cemetery
24d. LOCATION (City, town, or county) (State): Richland, Missouri

DATE REC'D BY LOCAL REG.: 3-18-54
REGISTRAR'S SIGNATURE: Paula Jean Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE: Hedges Funeral Home
ADDRESS: Richland, Missouri

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1958

RECEIVED 3-18-54
Pulaski County Health Officer
File Number
Date Filed 3-30-54

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 Clarence Throse

Licensed Embalmer No. 4886

P. O. Address Waynesville, 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.