

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10843**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3003** Registrar's No. **45**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Saline	b. CITY (If outside corporate limits, write RURAL and give township) Marshall	a. STATE Missouri	b. COUNTY Saline
c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Marshall township Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Viking hotel		d. STREET ADDRESS (If rural, give location) 5 miles N.W. Marshall, Mo. 0	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) William	c. (Last) Kiser	4. DATE OF DEATH (Month) (Day) (Year) March 19th, 1954.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 6, 1877	9. AGE (In years, Months, Days) 76 II 13	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William D. Kiser	13b. MOTHER'S MAIDEN NAME Elizabeth Noonan	14. NAME OF HUSBAND OR WIFE -----
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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. None	17. INFORMANT'S SIGNATURE OR NAME Dan Kiser, Marshall, Mo. Route # 3.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertension		
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 4201	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) Marshall, Saline, Missouri
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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?
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22. I hereby certify that I attended the deceased from *Made an investigation March 19, 1954*, 19**54**, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:27** m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. Lawless, M.D., Coroner Saline Co. Marshall, Mo.</i>	(Degree or title)	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 3-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Union cemetery	24d. LOCATION (City, town, or county) (State) Saline County, Missouri
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DATE REC'D BY LOCAL REG. 3-20-1954	REGISTRAR'S SIGNATURE <i>Sidney J. Gray</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Campbell-Lewis</i>	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
972

APR 9 19

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 _____

James H. Lewis Jr.

Licensed Embalmer No. *4709*

P. O. Address *Marshall, 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.