

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15540**
477

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>7 MONTHS</u>		c. CITY OR TOWN <u>BILLINGS</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY INFIRMERY</u>				e. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u> ⁰²²⁰ ₁					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA</u>			b. (Middle)			c. (Last) <u>KUYKENDALL</u>			
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
(Month) (Day) (Year) <u>MAY 15 1954</u>		<u>FEMALE</u>		<u>WHITE</u>		<u>MARRIED</u>			
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country)			
<u>SEPT. 3 - 1877</u>		<u>76</u>		<u>HOUSEWIFE</u>		<u>GREENE CO, MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<u>U.S.A.</u>		<u>GEORGE BATSON</u>		<u>Unknown</u>		<u>J. C. KUYKENDALL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS, Mo.					
<u>NO</u>		<u>NONE</u>		<u>W.A. GRAVES, 1120 E. DELMAR, SPRINGFIELD</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u> <u>unknown</u>	
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)		21d. HOW DID INJURY OCCUR?			
				<u>Springfield Greene Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Oct. 23, 1953</u> to <u>May 15, 1954</u> that I last saw the deceased alive on <u>May 13, 1954</u> , and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or Title)		23b. ADDRESS		23c. DATE SIGNED					
<u>W.A. Graves</u>		<u>1120 E. Delmar</u>		<u>May 17 1954</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>BURIAL</u>		<u>MAY 18-1954</u>		<u>WADE CHAPEL CEMETERY</u>		<u>REPUBLIC, MISSOURI</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
<u>5-19-54</u>		<u>W.A. Graves</u>		<u>John Lee Harris, Clever, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

4

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.....
Signature of Student Embalmer

Signed..... *John Dean Harris*.....

Licensed Embalmer No. *439*.....

P. O. Address..... *Cleveland*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**