

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED NOV 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>5 hrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hosp.</u>		STREET ADDRESS (If rural, give location) <u>Route 1 Lebanon, Missouri</u> <u>0530</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>	b. (Middle)	c. (Last) <u>Kost</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1 1954</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 26, 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR (Months) <u>6</u>	IF UNDER 24 HRS. (Days) <u>5</u>	IF UNDER 1 HR. (Hours) <u>5</u>	IF UNDER 15 MIN. (Min.)
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Texas County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Dr. B.E. Guynn</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Carter</u>	14. NAME OF HUSBAND OR WIFE <u>Abraham Kost</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>450-24-3122A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed Kembel</u>	ADDRESS <u>Lebanon, Missouri</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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"/>
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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)
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 10-31-1954 to 11-1-1954, that I last saw the deceased alive on 10-31-1954, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.B. Hurst, M.D.</u> (Degree or title)	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>11-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/3/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-4-1954</u>	REGISTRAR'S SIGNATURE <u>W.E. Holman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>	ADDRESS <u>Lebanon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 11-6-54  
Laclede County Health Unit  
File No. \_\_\_\_\_  
Date Filed NOV 12 1954

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 Dorsey M. Howe  
Licensed Embalmer No. 4222

P. O. Address Lebanon, Miss

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.