

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37823

State File No.

FILED NOV 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>5391</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				12. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY OR TOWN <u>Rural-Central</u>		c. LENGTH OF STAY (in this place township) <u>1 Wk.</u>		c. CITY OR TOWN <u>Rural-Central</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Hillsboro</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 1, Hillsboro, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Kite</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/7/1954</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug. 12, 1938</u>	
9. AGE (In years last birthday) <u>16</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DeSoto, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Earl E. Kite</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy A. Minker</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Kite Rt. 1 Hillsboro, Mo.</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>accidental shot gun accident</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. <u>E9190 19</u>				INTERVAL BETWEEN ONSET AND 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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cash Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Central Twp. Jefferson Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/7/54 8:00 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shotgun Discharged Accidentally</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. B. Edwards M. D.</u>				23b. ADDRESS <u>Cedar Hill Mo</u>		23c. DATE SIGNED <u>11/7/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/10/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lucky</u>		24d. LOCATION (City, town, or county) (State) <u>DeSoto, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/17/54</u>		REGISTRAR'S SIGNATURE <u>Kathleen Mersden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mothershead</u>		ADDRESS <u>DeSoto, Mo.</u>	

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

550
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 18 1963

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..... *Andrew H. England*

Licensed Embalmer No. *479*

P. O. Address *De Soto,*

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.