

No. 300  
10. 48

FILED NOV 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38341

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5952 Registrar's No. 492

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give town) Spencer Township		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Curryville
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 miles West 1 mile North		f. STREET ADDRESS (If rural, give location) 3 miles West 1 mile North	

3. NAME OF DECEASED (Type or Print) a. (First) Walter	b. (Middle) David	c. (Last) Kisor	4. DATE OF DEATH (Month) (Day) (Year) Nov 13, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19, 1892	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock	11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Joseph Kisor	13b. MOTHER'S MAIDEN NAME Telitha Mc Nary	14. NAME OF HUSBAND OR WIFE Susa Isabelle Kisor
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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 Mrs Susa Isabelle Kisor, Curryville	ADDRESS Curryville
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
	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)		
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)
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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 11/13/54, 1954, to 11/13, 1954, that I last saw the deceased alive on 11/13/54, 1954, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ervin W. Penne M.D.	23b. ADDRESS Vandalia Mo	23c. DATE SIGNED 11/13/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 15, 1954	24c. NAME OF CEMETERY OR CREMATORY Curryville Cemetery	24d. LOCATION (City, town, or county) (State) Curryville, Missouri
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DATE REC'D BY LOCAL REG. 11-18-54	REGISTRAR'S SIGNATURE Bill Robinson	FUNERAL DIRECTOR'S SIGNATURE William B. Waters	ADDRESS Vandalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Mail To Bill Robinson L.P.  
Boring Green Mo

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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 *William B. Natus*

Licensed Embalmer No. *416*

P. O. Address *Vandalia*

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.