

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4565

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>Grundy 4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Leavelle</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>18 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Northon</u>		0170		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neals Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>409 East Second Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kittel</u> b. (Middle) <u>G</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 17 1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 5 1892</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Home work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Massachus.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Benson</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy G.</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss J. F. Graham</u>		ADDRESS _____		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>  ANCECEDENT 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.					INTERVAL BETWEEN ONSET AND DEATH <u>years?</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. 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? _____				
22. I hereby certify that I attended the deceased from <u>Feb. 16</u> , 1955, to <u>Feb 17</u> , 1955, that I last saw the deceased alive on <u>Feb. 16</u> , 1955, and that death occurred at <u>5-PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L.H. Muller, M.D.</u> (Degree or title)			23b. ADDRESS <u>Trenton, Mo.</u>			23c. DATE SIGNED <u>2-17-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Emty</u>		24d. LOCATION (City, town, or county) (State) <u>Northon, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-19-55</u>		REGISTRAR'S SIGNATURE <u>Jene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Weitch</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John G Deitch

Licensed Embalmer No. 3654

P. O. Address Northone 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.