

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19287**

FILED JUL 5 - 1955

BIRTH NO.

REG. DIST. NO. **171**PRIMARY REG. DIST. NO. **5637**

Registrar's No.

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twns.		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Rural		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			e. STREET ADDRESS (If rural, give location) 5 Mile NW of Odessa 0540		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) D.	c. (Last) Kite	4. DATE OF DEATH (Month) (Day) (Year) June 28, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 26, 1887	9. AGE (In years last birthday) 68	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lafayette Co. Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME H. D. Kite		13b. MOTHER'S MAIDEN NAME Angie Lockhart		14. NAME OF HUSBAND OR WIFE Magdalele Kite	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Magdalene Kite, Odessa, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 20 min	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis (Htn)			6 yrs	
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"/>
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)		7
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 June 28, 1955 , to June 28, 1955 , that I last saw the deceased alive on June 28, 1955 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE E. F. Haugherty, DO			23b. ADDRESS Odessa Mo		23c. DATE SIGNED 6/29/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Greenton Cemetery		24d. LOCATION (City, town, or county) (State) Odessa, Mo.	
DATE REC'D BY LOCAL REG. 6/29/55	REGISTRAR'S SIGNATURE Emma Davidson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huffman Sparks Odessa, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1950

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 *George H. Plummer*.....
Licensed Embalmer No. 715

P. O. Address *Albany*.....

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.