

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9466**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **108**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jasper</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joolin</b>		c. LENGTH OF STAY (in this place) <b>4 Day</b>	c. CITY OR TOWN <b>Neosho</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St, John's Hospital</b>		d. If Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>Route # 2</b>		<b>0737</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Jesse</b>	b. (Middle) <b>J.</b>	c. (Last) <b>Kitchingham</b>	(Month) <b>March</b>	(Day) <b>8</b>	(Year) <b>1956</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Nov 16, 1882</b>		<b>9. AGE</b> (In years last birthday) <b>73</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Neosho, Missouri</b>	
<b>13a. FATHER'S NAME</b> <b>Edwin Kitchingham</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Milissia Cooper</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mamie Kitchingham</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b> <b>None</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mamie Kitchingham</b>	
			<b>ADDRESS</b> <b>Neosho, MO.</b>		
<b>18. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b>		
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <b>Coronary Occlusion</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6-12 mo.</b>		
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Arteriosclerosis</b>			<b>DTL</b>		
DUE TO (c) <b>Previous coronary attacks</b>			<b>DTL</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostatic Hypertrophy</b>			<b>DTL</b>		
<b>19a. DATE OF OPERATION</b> <b>3-8-56</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Prostatic Hypertrophy</b>			<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>610X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>3-6</u>, 19<u>56</u> to <u>3-8</u>, 19<u>56</u>, that I last saw the deceased alive on <u>3-8</u>, 19<u>56</u>, and that death occurred at <u>12:05</u> P.M. from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>Charles S. Padonok MD</b>			<b>23b. ADDRESS</b> <b>Travis Bldg. Joplin Mo</b>		<b>23c. DATE SIGNED</b> <b>3-14-56</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>		<b>24b. DATE</b> <b>3, 11, 56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakwood Cemetery 7 Miles West Neosho, Mo.</b>		<b>24d. LOCATION (City, town, or county) (State)</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>3-16-56</b>			<b>REGISTRAR'S SIGNATURE</b> <b>Dorva Merriam</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Clark-Bigham Mortuary</b>
			<b>ADDRESS</b>		

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

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RECEIVED MIAMI  
Deepest County Health Office  
County File Number 6-3-240  
Filed MAR 19 1956

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 E. Audelley*.....

Licensed Embalmer No. 4.....

P. O. Address *Joplin Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.