

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20954

State File No.

FILED JUN 19 1956

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>JEFF.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeSoto</u>		c. CITY OR TOWN <u>DESOTO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>708 N. 5TH ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 N. 5th St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ERNEST</u>	b. (Middle) <u>-</u>	c. (Last) <u>KYLE SR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 9, 1956</u>
-------------------------------------	--------------------------	----------------------	---------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 24 1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-----------------	---------------------------	---	--------------------------------------	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. BOILER MAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. STOPS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ANTONIA Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>JOHN KYLE</u>	13b. MOTHER'S MAIDEN NAME <u>JEMIMA GRAHAM</u>	14. NAME OF HUSBAND OR WIFE <u>LAURA IZOLA KYLE</u>
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-18-5067</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ERNEST KYLE JR.</u>	ADDRESS <u>DE SOTO 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		INTERVAL BETWEEN ONSET AND DEATH <u>748 hours</u> <u>Unknown.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting aneurysm of aorta</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis, generalized.</u> 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 <u>451X</u>	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)	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 8, 1956 to June 9, 1956 that I last saw the deceased alive on June 9, 1956, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>	23b. ADDRESS <u>Desoto, Mo.</u>	23c. DATE SIGNED <u>6-9-56</u>
--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 11, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>DE SOTO Mo.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>6-14-56</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Harris</u>	ADDRESS <u>Desoto Mo.</u>
---	---	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1460

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUN 16 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 *Donnell B. Deibel*

Licensed Embalmer No. *4104*

P. O. Address *Debt to Me*

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.