S. No. 300
V. 10.48

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

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29822
State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 322

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia
c. LENGTH OF STAY (In this place) 2 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 303 Sanford Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway
c. CITY OR TOWN New Bloomfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) RR #1

0141

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Wyatt c. (Last) Kyger
4. DATE OF DEATH (Month) Oct. (Day) 9 (Year) 1956
5. SEX Male
6. COLOR OR RACE White
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED (Specify)~~
8. DATE OF BIRTH Jan 8 - 1875
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 9 Days ____ IF UNDER 24 HRS. Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) New Bloomfield, Mo
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Lewis Kyger
13b. MOTHER'S MAIDEN NAME Angelina Craig
14. NAME OF HUSBAND OR WIFE Maude Emmons Kyger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Kyger 303 Sanford Ave Columbia, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH ____

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac hypertrophy — ____ years

DUE TO (c) Generalized arteriosclerosis — ____

Chronic nephritis — ____

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 592X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Chronic Care *19* ____ *to* ____, *19* ____, *that I last saw the deceased alive on* ____, *19* ____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Emerson Neal (Degree or title) M.D.
23b. ADDRESS Columbia, Mo
23c. DATE SIGNED 10/9/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 11 1956
24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery
24d. LOCATION (City, town, or county) (State) New Bloomfield Mo

DATE REC'D BY LOCAL REG. Oct 11 1956
REGISTRAR'S SIGNATURE Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

31-d

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2 7 2 9

P. O. Address Fulton,

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