

FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH39149
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 401

1. PLACE OF DEATH a. COUNTY St. Francois;			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Missouri; b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Farmington, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.		Length of stay in lb	d. STREET ADDRESS Rt. #3		(If outside, give location) C Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Estella Middle Katherine Last Kitchens			4. DATE OF DEATH Month Nov. Day 18 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 27, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Month 10 Days 21 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Syracuse Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George W. Miller			14. MOTHER'S MAIDEN NAME Margaret Dawson		
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. None	17. INFORMANT Mrs. Rena Riley Farmington, Mo. Rt. #3		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Generalized Atherosclerosis DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 332X		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 11-16-56 to 11-18-56 and last saw her alive on 11-18-56 Death occurred at 8:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. E. Coulton, M.D. (Degree or title)			22b. ADDRESS Farmington Mo		22c. DATE SIGNED 11-19-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 20, -56	23c. NAME OF CEMETERY OR CREMATORY Parkview Cem.		23d. LOCATION (City, town, or county) Farmington,	(State) Mo.
24. FUNERAL DIRECTOR C. H. Gozean Farmington, Mo.			25. DATE RECD. BY LOCAL REG. Nov. 19, 1956	26. REGISTRAR'S SIGNATURE Esther Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. AT

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *C. A. Cozeman*
Licensed Embalmer No..... *46*
P. O. Address..... *Wilmington*

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.