FILED FEB 19 1957

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

3941
STATE FILE NUMBER

Registration District No. 389 Primary Registration District No. 5161 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Calloway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Bloomfield — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in Ib Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Calloway
c. CITY OR TOWN New Bloomfield 0140 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First George Middle Elwood Last Kyger
4. DATE OF DEATH Month Feb Day 14 Year 57
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov 25 1879
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months 2 Days 19 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auctioneer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) New Bloomfield
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Geo W. Kyger
14. MOTHER'S MAIDEN NAME Martha J. Griffen
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. NO
17. INFORMANT Mae B Kyger Address New Bloomfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis General — INTERVAL BETWEEN ONSET AND DEATH 9 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 1-1945 to Feb 14-1957 and last saw him alive on Feb 13-57
Death occurred at 7:35 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. McD. Rusk M.D. (Degree or title)
22b. ADDRESS New Bloomfield Mo
22c. DATE SIGNED Feb 15-1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb 16-1957
23c. NAME OF CEMETERY OR CREMATORY New Bloomfield
23d. LOCATION (City, town, or county) New Bloomfield (State) Mo

24. FUNERAL DIRECTOR Holt-Claypool ADDRESS New Bloomfield
25. DATE RECD. BY LOCAL REG. 2-15-57
26. REGISTRAR'S SIGNATURE LeRoy Claypool

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling out the symptoms and diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAR 6 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed....LeRoy Claypool.....

Licensed Embalmer No. 441

P. O. Address New Bloom

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.