

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20911

FILED JUL 10 1957

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron ✓			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arcadia			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Graniteville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ROAD # 21 of Ironton INSTITUTION				Length of stay in lb 4 mi. north		d. STREET ADDRESS (If outside, give location) of Ironton	
3. NAME OF DECEASED (Type or print) ROBERT CLARANCE KITCHEN Jr.				4. DATE OF DEATH June 30 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 20 1948		9. AGE (In years last birthday) 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school boy	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ironton Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Robert Clarence Kitchen				14. MOTHER'S MAIDEN NAME Jaunita Cloin			
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. no		17. INFORMANT Address Mrs. Albert Francis, Graniteville Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Drowned in flood water						INTERVAL BETWEEN ONSET AND DEATH	
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) 46						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Car caught in flood water					
20c. TIME OF INJURY 1:30A		Hour Month Day Year 6/30/57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway #21		20f. CITY, TOWN, OR LOCATION Ironton		COUNTY STATE Iron Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1.30 A.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. H. Howell Coroner				22b. ADDRESS Ironton, Mo		22c. DATE SIGNED 7/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-3-57	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park, Ironton Mo.		23d. LOCATION (City, town, or county) (State) Ironton Mo.		
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo.				25. DATE RECD. BY LOCAL REG. 7-8-57		26. REGISTRAR'S SIGNATURE Mrs. Alice Jones	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Russ T. White (Licensed Embalmer's Statement on Reverse Side)

MAY 12 1951

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 *Amey White*.....

Licensed Embalmer No. *301*

P. O. Address *Smith*

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.