

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25560**

FILED JUL 31 1957

BIRTH NO. _____		REG. DIST. NO. 265²⁶⁴		PRIMARY REG. DIST. NO. 6292		Registrar's No. 301				
1. PLACE OF DEATH a. COUNTY Frank				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Frank		
b. CITY (If outside limits, write RURAL and give township) Isabella		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Nottingham		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0170						
3. NAME OF DECEASED (Type or Print) a. (First) Robert			b. (Middle) T.		c. (Last) Kyle		4. DATE OF DEATH (Month) (Day) (Year) 7 18 57			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-8-1882		9. AGE (In years last birthday) 75		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kyle-Ford Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James A. Kyle			13b. MOTHER'S MAIDEN NAME Sarah Ann Delp			14. NAME OF HUSBAND OR WIFE Polly Winn				
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'S SIGNATURE OR NAME G.K. Kyle					ADDRESS 329 S. Prokuck See Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac decompensation with edema						1 month		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____								
		DUE TO (c) Rheumatoid arthritis						5 yr		
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 4343						20. AUTOPSY? 2 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) (Min.)		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 7/17/1957 , to 7/18/57 , 19____, that I last saw the deceased alive on 7/17/57 , 19____, and that death occurred at 12:30 P. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) M. J. Naerman DO				23b. ADDRESS Gainesville Mo				23c. DATE SIGNED 7/19/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-20-57		24c. NAME OF CEMETERY OR CREMATORY Thoratfield Cem.		24d. LOCATION (City, town, or county) (State) Thoratfield Mo				
DATE REC'D BY LOCAL REG. 7-29-57		REGISTRAR'S SIGNATURE Thana Mehan			25. FUNERAL DIRECTOR'S SIGNATURE Chas. H. ...					
					ADDRESS ...					

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

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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 *Charles R. Fisk*.....

Licensed Embalmer No. *4662*

P. O. Address *Arva, Mo.*

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.