

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28559

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) ROCK TOWNSHIP		c. LENGTH OF STAY (in this place) 1 DAY	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION BRADLEY BEACH		e. STREET ADDRESS (If rural, give location) 2567 BENTON	

3. NAME OF DECEASED (Type or Print) a. (First) YOUVONNIE b. (Middle) (NMI) c. (Last) KITCHEN			4. DATE OF DEATH (Month) (Day) (Year) 9 1 57		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH APR. 11 1938	9. AGE (In years last birthday) 19	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE		11. BIRTHPLACE (City and State or Foreign Country) PARMA MO.	12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME JESSE KITCHEN		13b. MOTHER'S MAIDEN NAME EFFIE BYASSE		14. NAME OF HUSBAND OR WIFE SINGLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO (If yes, give war or date of service) NONE		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME EFFIE MALONE ADDRESS 2567 BENTON ST. ST. LOUIS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 9298			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 42			

21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Memorial River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rock Twp. 50 Jeff. MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 1 57 1:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Swimming Accident	

22. I hereby certify that I attended the deceased from **Inquest**, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Larry Q. Johnson		23b. ADDRESS Coover Factory, MO.		23c. DATE SIGNED 9/1/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE SEPT. 1 1957		24c. NAME OF CEMETERY OR CREMATORY BLOOMFIELD CEMETERY	
24d. LOCATION (City, town, or county) (State) BLOOMFIELD MO		25. FUNERAL DIRECTOR'S SIGNATURE Robert E. Bauer		ADDRESS ST. LOUIS FUNERAL HOME 2205 ST. LOUIS AVE. ST. LOUIS MO	
DATE REC'D BY LOCAL REG. 9-1-57		REGISTRAR'S SIGNATURE			

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 3 1957

SEP 18 1957

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.....

Licensed Embalmer No.....

P. O. Address

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.