

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36946

STATE FILE NUMBER

FILED NOV 14 1957

Registration District No. 290 Primary Registration District No. 5986 Registrar's No. 137

Health,
Welfare
Public
Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Swedeborg, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Swedeborg, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None.</u>		Length of stay in 1b <u>Life.</u>		d. STREET ADDRESS (If outside, give location) <u>None.</u>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Benjamin</u> Last <u>Kissinger.</u>			4. DATE OF DEATH Month <u>11</u> Day <u>4</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 26, 1874</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>		11. BIRTHPLACE (City and state or country) <u>Crocker, Missouri Rural</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>William M. Kissinger.</u>		
14. MOTHER'S MAIDEN NAME <u>Jane Haney..</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		
16. SOCIAL SECURITY NO. <u>702-03-8400</u>		17. INFORMANT Address <u>Arrenia I. Kissinger Swedeborg, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA OF LARYNX</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma To Lungs</u> DUE TO (c) <u>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS. 6 MO.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>161X</u>					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.) <u>✓</u>			
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year <u>p. m.</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTRY STATE	
21. I attended the deceased from <u>1945</u> to <u>NOV. 4, 1957</u> and last saw her/him alive on <u>NOV. 4, 1957</u> Death occurred at <u>12:30P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John A. Michalewicz, M.D.</u> (Degree or title)			22b. ADDRESS <u>Crocker, Missouri</u>		22c. DATE SIGNED <u>11/5/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/6/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Swedeborg, Missouri</u>
24. FUNERAL DIRECTOR <u>Hedges Funeral Home</u>		ADDRESS <u>Crocker, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-5-57</u>	26. REGISTRAR'S SIGNATURE <u>Clara Page Anderson</u>

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 11-9-57

File Number 137

Pulaski County Health Officer

RECEIVED 11-9-57

NOV 14 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

X working under my personal supervision..

Student
Signature of Student Embalmer

Signed Walter P. Hedges

Licensed Embalmer No. 426

P. O. Address Merica

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.