

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 - 1957

43234

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6175 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Sullivan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Twp			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Harris		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in lb		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Arron B. Kiser				4. DATE OF DEATH Month Day Year 11-26-1957			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-4-1880	9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min. 0 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Russel Co. Va		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Augustus H Kiser				14. MOTHER'S MAIDEN NAME Cynthia Southland			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT Dwight Barton		Address Harris - 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) <u>Pneumonia</u> DUE TO (b) <u>cerebral arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)						INTERVAL BETWEEN ONSET AND DEATH 48 hr 3 yrs	
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.) 334X				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 8:30 p 11/15/57 to 11/26/57 and last saw her alive on 11/15/57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) O. L. Wise Sr.				22b. ADDRESS Harris Mo		22c. DATE SIGNED 11/30/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-29-57	23c. NAME OF CEMETERY OR CREMATORY Thomas Union		23d. LOCATION (City, town, or county) Liberty Twp.		(State) Mo.
24. FUNERAL DIRECTOR Schoenes Dwight Schoenes			ADDRESS Mulan - Mo		25. DATE RECD. BY LOCAL REG. 11-3-57		26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett

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... *Dwight Scherer* .....

Licensed Embalmer No. *2667*

P. O. Address *Milan, W*

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.