

FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **47018**

BIRTH NO. _____ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **6150** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Stoddard	
b. CITY OR TOWN Advance, Mo. R#1		c. CITY OR TOWN Advance	
c. LENGTH OF STAY (in this place) 11 yrs 1		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 (If not in hospital or institution, give street address of location) New Liberty temp			
STREET ADDRESS (If rural, give location) R#1 - Route New Liberty temp			

3. NAME OF DECEASED (Type or Print) Walter	a. (First) Walter	b. (Middle) J.	c. (Last) KITTLE	4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1957
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9, 1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 1 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William Kittle	13b. MOTHER'S MAIDEN NAME Anna Mary Phillips	14. NAME OF HUSBAND OR WIFE Pricilla Kittle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Pricilla Kittle	ADDRESS Advance, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Senility		
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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331X
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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?
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22. I hereby certify that I attended the deceased from **Dec 18**, 1957, to **Dec 21**, 1957, that I last saw the deceased alive on **Dec 18**, 1957, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. C. Motes	23b. ADDRESS Advance, Mo.	23c. DATE SIGNED Dec 23, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-22-57	24c. NAME OF CEMETERY OR CREMATORY Rock Point Cemetery	24d. LOCATION (City, town, or county) (State) Stoddard, Mo.
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DATE REC'D BY LOCAL REG. 12/28/57	REGISTRAR'S SIGNATURE Pearl Reed	25. FUNERAL DIRECTOR'S SIGNATURE Wm H. Morgan	ADDRESS Advance
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

490.

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. 4640

P. O. Address..... Advan...

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.