

FILED APR 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010642
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 112

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-57

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Chillicothe 0592</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>101 Third St.</u>		Length of stay in 1b <u>5 years</u>	d. STREET ADDRESS (If outside, give location) <u>101 Third Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>DALE</u> Last <u>REX</u>			4. DATE OF DEATH Month <u>March</u> Day <u>29</u> Year <u>1958</u>		
5. SEX <u>Male 2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>23 August 1952</u>		9. AGE (In years last birthday) <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Chillicothe, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Roy Kitchin</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Louise Rex</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>NONE</u>	17. INFORMANT <u>101 Third Street Virginia Rex; Chillicothe, Missouri</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>Suffocation.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Few Minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<u>9160 16</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Body Charred in Numerous places</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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>House caught on fire & child did not get out</u>			
20c. TIME OF INJURY Hour <u>8:15</u> a.m. <u>3-29-58</u> p.m.		<u>059</u>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Chillicothe, Livingston, Mo</u>	
21. I attended the deceased from <u>none</u> , to _____, and last saw him alive on <u>Mar 29-58</u> Death occurred at <u>8:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D. (Coroner)</u>			22b. ADDRESS <u>Chillicothe, Mo</u>		22c. DATE SIGNED <u>Mar 31-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-31-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>South</u>		23d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
24. FUNERAL DIRECTOR <u>Norman Funeral Home;</u>		ADDRESS <u>Chillicothe,</u>		25. DATE RECD. BY LOCAL REG. <u>3-31-58</u>	26. REGISTRAR'S SIGNATURE <u>Francis B. Reed</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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MAY 8 1958

APR 24 1958

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 *Joseph M. Gibson*

Licensed Embalmer No. *4469*
P. O. Address *Chillicothe, 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.