Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021118

STATE FILE NUMBER

FILED JUL 3 1958

Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 421

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Brosley — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Brosley 0120 0 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route #1 — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Route #1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Cordelia Middle Last Kiger	4. DATE OF DEATH Month Day Year June 4, 1958
5. SEX Female	6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH Sept.10,1884
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Jonesboro, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Wally Grooms	13b. MOTHER'S MAIDEN NAME Mary
14. NAME OF HUSBAND OR WIFE Wm.Kiger, De c'd.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs.Annie Jones, Brosley, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ~~Cordelia Kiger~~ Carcinoma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Urinary Bladder

DUE TO (c) 1810

INTERVAL BETWEEN ONSET AND DEATH: 1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb 15 57, to 4 Jun 58 and last saw her alive on 1 Jun 58

Death occurred at 5:45 P. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD

22b. ADDRESS 321 Old Poplar Bluff Mo

22c. DATE SIGNED 24 Jun 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-6-58	23c. NAME OF CEMETERY OR CREMATORY Browns Chaple Cem.	23d. LOCATION (City, town, or county) (State) Brosley, Mo.
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 6/28/58	26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff, 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.