

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029414  
State File No. ....

FILED SEP 2 1958

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 407

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galena 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's		d. STREET ADDRESS (If rural, give location) 1001 Galena Ave. 8	
3. NAME OF DECEASED (Type or Print) a. (First) Donna Jo b. (Middle) Kitch c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) August 24, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 22, 1958
9. AGE (In years last birthday) 0		10. UNDER 1 YEAR Months 2	11. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Donald Kitch		13b. MOTHER'S MAIDEN NAME Mary Jo Honeywell	
14. NAME OF HUSBAND OR WIFE Donald Kitch		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Donald Kitch ADDRESS 1001 Galena Ave. Galena, Kansas	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Damage due to anoxia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) prolapsed cord	
DUE TO (c)			
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7610	
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)		7610	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 22, 1958, to Aug 24, 1958, that I last saw the deceased alive on Aug 24, 1958, and that death occurred at 7:15 Am., from the causes and on the date stated above.			
23a. SIGNATURE J.B. Graves M.D.		23b. ADDRESS 616 Corner Joplin	
23c. DATE SIGNED 8-25-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 25, 1958	
24c. NAME OF CEMETERY OR CREMATORY Oakhill		24d. LOCATION (City, town, or county) (State) Galena Kansas	
DATE REC'D BY LOCAL REG. 8-26-58		REGISTRAR'S SIGNATURE Dove Merriman	
25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Kitch		ADDRESS Galena, Kansas	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

F.B. GRAVES, M.D.

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Jack Parker*

Licensed Embalmer No. 4936

P. O. Address *Opplur*

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 this body is not embalmed, fact should be so stated above.