

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029856
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 89

S. 300
1-57
0

1. PLACE OF DEATH a. COUNTY PERRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. GENEVIEVE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. GENEVIEVE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PERRY COMMEMORIAL		Length of stay in lb 21 DAYS	d. STREET ADDRESS (If outside, give location) 284 MERCHANT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BENJAMIN B KIST			4. DATE OF DEATH Month Day Year JULY 26 1958		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 24 1895	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 62 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY VIRATY STORE	11. BIRTHPLACE (City and state or country) RIVERAUX VASIS MO	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ANTON KIST		13b. MOTHER'S MAIDEN NAME BERNARDINE STEVEN		14. NAME OF HUSBAND OR WIFE ANNA SCHWEISS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 315-36-6933	17. INFORMANT Address Mrs Anna Schweiss St. Genevieve 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) Arterial-sclerotic gangrene lower extremities				INTERVAL BETWEEN ONSET AND DEATH 14 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Drug addiction		6 years	
		DUE TO (c) Severe chronic rheumatoid arthritis		20 years	
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? 0 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) 4501		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 7/5/58 to 7/26/58 and last saw him alive on 7/26/58 Death occurred at 12:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) A. [Signature]			22b. ADDRESS Campeche, Mo.		22c. DATE SIGNED 8/6/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/29/58	23c. NAME OF CEMETERY OR CREMATORY ST PHILLIP & JAMES		23d. LOCATION (City, town, or country) (State) RIVERAUX VASIS MO
24. FUNERAL DIRECTOR Geo. C. Baskin Sr., St. Genevieve Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 8-9-58	26. REGISTRAR'S SIGNATURE Joe J. Zellner	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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SEP 8 1958

SEP 2 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 *Leal Barber*

Licensed Embalmer No. *1985*

P. O. Address *St. Genevieve*

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.