Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035371
STATE FILE NUMBER

FILED NOV 7 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 232

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain Hospital — Length of stay in 1b 12 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 321 W. Promenade — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Riley Middle Ervin Last Kysar

4. DATE OF DEATH Month Oct. Day 24 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Dec. 9, 1881
9. AGE (In years last birthday) 76 — 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) Warehouse Man
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (City and state or country) Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William H. Kysar
13b. MOTHER'S MAIDEN NAME Mary Ellen McDonald
14. NAME OF HUSBAND OR WIFE None

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. 495-36-4234
17. INFORMANT Mr Cecil Kysar Address RFD 1 Mexico, Missouri

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) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cor Pulmonale — 2 years
DUE TO (c) Pulmonary emphysema 527/H — Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malignant Pavemas - 33
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 1953, to Oct 24-58 and last saw ~~her~~ him alive on Oct 24-58
Death occurred at 6:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold D. Lankford M.D.
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 10-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-29-1958
23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park
23d. LOCATION (City, town, or county) (State) Cemetery, Mexico, Mo.

24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo.
25. DATE RECD. BY LOCAL REG. Oct 29-1958
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Harold D. Lankford, M.D.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Geo. H. Whitaker

Licensed Embalmer No. 4780

P. O. Address Mexico, 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.