. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037014
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 178 Primary Registration District No. 5664 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Reddish — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Prairie View Rest Home — Length of stay in Hospital 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Monticello — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 0560 No st. Address — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Lola Middle May Last Kitson

4. DATE OF DEATH Month Day Year: Oct. 11, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒
8. DATE OF BIRTH: Sept. 28, 1906
9. AGE (In years last birthday): 52 — 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): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Canton, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Valentine Kitson
13b. MOTHER'S MAIDEN NAME: Mary Lewis
14. NAME OF HUSBAND OR WIFE:

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: Perry Kitson, Williamstown, Mo. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acidosis	1½ days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	diabetes	About 3 yrs
DUE TO (c)	260X	

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 ☒ 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 July 54, to 11 Oct 58 and last saw her ~~him~~ alive on 11 Oct 58
Death occurred at D.O. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. Wills (Degree or title) D.O. 2
22b. ADDRESS Lewistown Mo
22c. DATE SIGNED 15 Oct 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-14-58
23c. NAME OF CEMETERY OR CREMATORY Midway Cemetery
23d. LOCATION (City, town, or county) (State) Canton, Lewis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Barkley Funeral Home, Canton, Mo.
25. DATE RECD. BY LOCAL REG. 10-18-58
26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D. E.L.

(Licensed Embalmer's Statement on Reverse Side)

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 Earl H. Berkeley

Licensed Embalmer No. 2615

P. O. Address Gardiner, Me.

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.