

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003186

STATE FILE NUMBER

653

FILED FEB 4 1959 Registration District No. Primary Registration District No. Registrar's No.

300
-57
3
65

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Green</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>Springfield</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Frisco Employees</i> | | Length of stay in 1b <i>19 days</i> | d. STREET ADDRESS (If outside, give location) <i>3024 W. Walnut</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | | |
|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <i>Fred</i> Middle <i>Elisha</i> Last <i>Kyger</i> | | | 4. DATE OF DEATH Month <i>Jan</i> Day <i>18</i> Year <i>1959</i> | | | |
|---|--|--|---|--|--|--|

| | | | | | | |
|-----------------------|----------------------------------|---|---|--|--------------------------------|--------------------------------|
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>white</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Dec 26, 1889</i> | 9. AGE (In years, last birthday) <i>69 yr</i> | 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) <i>Laborer</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Rail Road</i> | 11. BIRTHPLACE (City and state or country) <i>Douglas Co., Mo</i> | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> |
|---|---|--|--|

| | | |
|---|---|--|
| 13a. FATHER'S NAME <i>Joseph Kyger</i> | 13b. MOTHER'S MAIDEN NAME <i>Rebecca Stillings</i> | 14. NAME OF HUSBAND OR WIFE <i>None</i> |
|---|---|--|

| | | |
|---|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes World War I</i> | 16. SOCIAL SECURITY NO. <i>-</i> | 17. INFORMANT <i>Sister: Mrs Manda Nelson</i> Address <i>516 100th St SEATTLE, Wash.</i> |
|---|-------------------------------------|---|

| | | |
|--|---------------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i> |
| Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <i>Arterio Sclerotic Heart Disease with Hypertension</i> | <i>2/26/59 admission</i> | |
| | DUE TO (c) <i>unknown</i> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.0</i> | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>420.0</i> |
|---|--|

| | | | | |
|---------------------------------------|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. 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 <i>Dec 29, '58</i> to <i>Jan 18, '59</i> and last saw him alive on <i>Jan 17, '59</i> Death occurred at <i>7:25 AM 1-18-59</i> <i>7:25 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated. |
|---|

| | | |
|---|---|------------------------------------|
| 22a. SIGNATURE (Degree or title) <i>Norman Williams MD</i> | 22b. ADDRESS <i>4960 Laclede Ave</i> | 22c. DATE SIGNED <i>1-18-59</i> |
|---|---|------------------------------------|

| | | | |
|---|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 23b. DATE <i>1-18-59</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>Springfield, Mo.</i> |
|---|-----------------------------|--|--|

| | | |
|--|--|---|
| 24. FUNERAL DIRECTOR <i>Klingner Funeral Home, Springfield, Mo.</i> | 25. DATE RECD. BY LOCAL REG. <i>1-18-1959</i> | 26. REGISTRAR'S SIGNATURE <i>Earl Smith Mo</i> |
|--|--|---|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1959

MAR 16 1959

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.