Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009123
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 128 Primary Registration District No. — Registrar's No. 262

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Willard (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MURRAY TWSP Length of stay in 1b 80 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Willard c. 390 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EDITH Middle Last KIME
4. DATE OF DEATH Month March Day 9 Year 1959
5. SEX Female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH April 29-1873
9. AGE (In years last birthday) 86
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Near Auckland New Zealand
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Thomas Middleman
13b. MOTHER'S MAIDEN NAME Elizabeth Dickie
14. NAME OF HUSBAND OR WIFE George Kime
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. none
17. INFORMANT Address Byrom Kime - Willard - Mo.

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) Acute Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 one month 9 to 1959 and last saw her/him alive on March 9/1959
Death occurred at 8:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W A Dehell (Degree or title) MD
22b. ADDRESS Springfield, MO
22c. DATE SIGNED 3-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-12-59
23c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery
23d. LOCATION (City, town, or county) (State) willard - Missouri

24. FUNERAL DIRECTOR Bruni - Daniel - Ash Grove - Mo ADDRESS
25. DATE RECD. BY LOCAL REG. 3-16-59
26. REGISTRAR'S SIGNATURE Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 4702

P. O. Address .....

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.