

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-020984**

**FILED JUL 14 1959 28**

Registration District No. 28 Primary Registration District No. 2000 Registrar's No. 739

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>722 W. BROWER</b>		d. STREET ADDRESS (If outside, give location) <b>722 W. BROWER</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>ALFRED MURLE KISER</b>			4. DATE OF DEATH Month Day Year <b>JULY 5 1959</b>			
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11/19/16</b>	9. AGE (last birthday) <b>42</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BRICK MASON</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Masonry</b>	11. BIRTHPLACE (City and state or country) <b>SPRINGFIELD, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>MAYNARD KISER</b>	13b. MOTHER'S MAIDEN NAME <b>LAURA WINGO</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>491-03-4103</b>	17. INFORMANT Address <b>MAYNARD KISER SPRINGFIELD, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Likely Myocardial Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
DUE TO (b) <b>Likely Coronary Artery Sclerosis</b>		<b>unknown</b>
DUE TO (c) <b>or thrombosis</b>		<b>ATTENDED BY A PHYSICIAN</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>The death certificate was signed in my capacity as Health Officer as per State Statutes</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from XX and last saw him alive on XX  
Death occurred at Approx time: Not known on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>James R. Rausch, M.D., Health Officer</b>	22b. ADDRESS <b>Springfield-Greene County Health Dept.</b>	22c. DATE SIGNED <b>7/8/59</b> (State)
23a. BURIAL, CREMATION, RE interment (Specify) <b>BURIAL</b>	23b. DATE <b>7/9/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN</b>
23d. ADDRESS <b>SPRINGFIELD, MO.</b>		

24. FUNERAL DIRECTOR <b>H.H. LOHMEYER</b>	25. DATE RECD. BY LOCAL REG. <b>7-9-59</b>	26. REGISTRAR'S SIGNATURE <b>Effe G. Meltzer</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gene C. Hunter

Licensed Embalmer No. 4784

P. O. Address Spfld, Ill

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.