

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022150

JUL 13 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 115

STATE FILE NUMBER

UNDEED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Narrows Township</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Macon</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R.1 Macon</u>		Length of stay in 1b <u> yrs.</u>		c. CITY OR TOWN <u>R.R.1 Macon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Narrows Township</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Harold</u>		Middle <u>Eugene</u>		Last <u>Kisor</u>		Date <u>June 26 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/29/1941</u>	9. AGE (last birthday) <u>17</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>		11. BIRTHPLACE (City and state or country) <u>Rice County Minn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ira Kisor</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Claridy</u>		14. NAME OF HUSBAND OR WIFE <u>No.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or up/down) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT <u>Ira Kisor</u> Address <u>Macon, Mo.</u>		
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) <u>Crushed chest</u>						<u>Last</u>	
DUE TO (b) <u>(Punctured R. &amp; L. Lung)</u>							
DUE TO (c) <u>Tractor (Farm) Accident</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Tractor turned over on him.</u>					
20c. TIME OF INJURY Hour <u>5:00 P.M.</u> Month, Day, Year <u>6/26/59</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Farm</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Rt. 1 Macon, Macon, Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>App. 5:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Lester Hutton Coroner</u>				22b. ADDRESS <u>Macon, Mo.</u>		22c. DATE SIGNED <u>6/27/59</u>	
23a. BURIAL, CREMATION, or other (Specify) <u>Burial</u>		23b. DATE <u>6/29/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Macon, Mo</u>	
24. FUNERAL DIRECTOR <u>Lester Hutton</u> ADDRESS <u>Macon, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>7/1/59</u>		26. REGISTRAR'S SIGNATURE <u>Gail M. Neely</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 15 1961

**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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, Va

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.