

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011494

FILED VS. APR 12 1960 156

Primary Registration District No. 2001 Registrar's No. 171

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Twn.		Length of stay in 1b 19 Years		c. CITY OR TOWN Joplin,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home-2300 N. Main.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2300 N. Main			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle R. Last Kile				4. DATE OF DEATH Month April Day 3 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jul. 18, 1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jewelry Optician		10b. KIND OF BUSINESS OR INDUSTRY Jewelry, retail		11. BIRTHPLACE (City and state or country) Carrollton, Missouri		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Truman Kile			13b. MOTHER'S MAIDEN NAME Isabelle Squires			14. NAME OF HUSBAND OR WIFE Cora Kile	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Address Cora Kile Joplin, Missouri			
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) Inanition and Debilitation						2 Months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						10 Months	
DUE TO (b) Carcinomatosis						3 Years	
DUE TO (c) Carcinoma of the Prostate Gland							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None						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 type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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	
21. I attended the deceased from 10-31-56 to 4-3-60 and last saw ^{DEK} him alive on 3-31-60 Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. Stephens D.O.</i> (Degree or title)				22b. ADDRESS 211 West 20th St., Joplin, Missouri.		22c. DATE SIGNED 4-7-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 5, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Webb City Missouri			
24. FUNERAL DIRECTOR Hurlbut-Glover		ADDRESS Joplin, Missouri		25. DATE RECD. BY LOCAL REG. 4-8-1960		26. REGISTRAR'S SIGNATURE <i>Noyce Merriam</i>	

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 Dale Glor

Licensed Embalmer No. 459

P. O. Address Coplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.