

1. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAY 16 1960

=60-014692

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		c. CITY OR TOWN Salem	
Length of stay in 1b 9 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 E. Fourth St.		d. STREET ADDRESS (If outside, give location) 304 E. Fourth St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Vivian Middle Merle Last Kite			4. DATE OF DEATH Month May Day 7 Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/06	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales & Serviceman		10b. KIND OF BUSINESS OR INDUSTRY Sewing Machine		11. BIRTHPLACE (City and state or country) Jefferson Co., Mo. U.S.A.	
13a. FATHER'S NAME John R. Kite		13b. MOTHER'S MAIDEN NAME Ida Able		14. NAME OF HUSBAND OR WIFE Martha Kite	

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 Martha Kite Salem, Mo	
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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) Rheumatic cardiac disease with mitral stenosis and mitral regurgitation			INTERVAL BETWEEN ONSET AND DEATH unknown		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 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.)			
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 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 7/30/59 to 5/7/60 and last saw her/him alive on 5/7/60 Death occurred at 7:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Martin M. Gharo M.D. (Degree or title)	22b. ADDRESS Salem, Missouri	22c. DATE SIGNED 5/9/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/10/60	23c. NAME OF CEMETERY OR CREMATORY Luckey	23d. LOCATION (City, town, or county) (State) Near DeSoto, Mo.
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24. FUNERAL DIRECTOR ADDRESS J. Lee Mothershead, DeSoto, Mo.	25. DATE RECD. BY LOCAL REG. 5/9/60	26. REGISTRAR'S SIGNATURE M M Gharo M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JUN 14 1960

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 James E. Kurtright, Student Embalmer No. 611

working under my personal supervision:

Student

James E. Kurtright
Signature of Student Embalmer

Signed

Max L. Warfe

Licensed Embalmer No. 4170

P. O. Address Salem, N.

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.