

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-020548

FILED VS JUN 7 1960

Registration District No. 316 Primary Registration District No. 441 Registrar's No. 234

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Iron		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck		Length of stay in 1b Tr	c. CITY OR TOWN Iron County		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 1 mi. W of Graniteville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HENRY KITCHEN			4. DATE OF DEATH Month Day Year May 28 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-22-1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Graniteville Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charles Newton Kitchen		13b. MOTHER'S MAIDEN NAME Emma Sarah McGill		14. NAME OF HUSBAND OR WIFE ##	
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. no		17. INFORMANT Address Mrs. Alberta Francis, Ironton Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure					INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Chronic Pulmonary Congestion and Mitral Stenosis Years
DUE TO (c) Inactive Rheumatic Fever Years					
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 e.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 April 3, 1959 to May 28, 1960 and last saw ^{him} her alive on May 28, 1960 Death occurred at 10.30 A.M. , the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M. M. Beck			22b. ADDRESS D.O. Bismarck, Missouri		22c. DATE SIGNED 5-31-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-31-60	23c. NAME OF CEMETERY OR CREMATORY Graniteville Cemetery		23d. LOCATION (City, town, or county) (State) Graniteville Mo.	
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. <i>Dwight White</i>		25. DATE RECD. BY LOCAL REG. May 31, 1960	26. REGISTRAR'S SIGNATURE <i>Etheridge</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 9 1960

STATEMENT BY LICENSED EMBALMER

_____ 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 Archie J. White

Licensed Embalmer No. 3012

P. O. Address Monte M

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.