URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-047101

STATE FILE NUMBER

FILED VS JAN 13 1961

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Pulaski

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Missouri — Length of stay in 1b 3 mos.

c. CITY OR TOWN Richland, Missouri — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Waynesville Gen. Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) None. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Bitha Middle Ellen Last Kissinger.

4. DATE OF DEATH Month December Day 16, Year 1960

5. SEX Female

6. COLOR OR RACE White.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6/11/60

9. AGE (last birthday) 85 — 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) Housewife.

10b. KIND OF BUSINESS OR INDUSTRY ----------

11. BIRTHPLACE (City and state or country) Richland, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Jacob Decker.

13b. MOTHER'S MAIDEN NAME Sarah Campbell.

14. NAME OF HUSBAND OR WIFE Monroe Kissinger.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT Mr. Ben. Kissinger Address Richland, 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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Bedfastness & old age

DUE TO (c) Fracture of left Hip — 3 months

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Sept-60, to Dec 16-60 and last saw her/him alive on Dec 16-60

Death occurred at 1:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. L. Myers D.O.

22b. ADDRESS Richland, Missouri

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12/18/60

23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery

23d. LOCATION (City, town, or county) (State) Richland, Missouri

24. FUNERAL DIRECTOR Hedges Funeral Home ADDRESS Richland, Mo.

25. DATE RECD. BY LOCAL REG. 12-18-60

26. REGISTRAR'S SIGNATURE Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Clarence Moa

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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