

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007335
STATE FILE NUMBER

AMENDED *Di Mars* Registration District No. *352* Primary Registration District No. _____ Registrar's No. *20*

FILED VS MAR 7 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Taney					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kissee Mills		Length of stay in lb years		c. CITY OR TOWN Kissee Mills		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) rural		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First S. Middle C. Last Kissee				4. DATE OF DEATH Month Feb. Day 28 Year 1961					
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/24/71		9. AGE (last birthday) 89	
IF UNDER 1 YEAR Months 8 Days 13		IF UNDER 24 HR Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Merchant	
11. BIRTHPLACE (City and state or country) Missouri				12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME A.C. Kissee			13b. MOTHER'S MAIDEN NAME Katherine McHaffie			14. NAME OF HUSBAND OR WIFE none			
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. none			17. INFORMANT Rex Kissee, Forsyth, 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) Cerebral Vascular Accident (Sclerosis)								INTERVAL BETWEEN ONSET AND DEATH 10 da -	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertension		DUE TO (c) Chemia -				1 yr -	
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 2-19-61 to 2-28-61 and last saw ^{him} alive on 2-27-61 Death occurred at 1 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Hartley F. Mars M.D.					22b. ADDRESS Forsyth -			22c. DATE SIGNED 2-28-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/2/61		23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Cem			23d. LOCATION (City, town, or county) (State) Branson, Mo		
24. FUNERAL DIRECTOR Forsyth Funeral Home, Forsyth, Mo				25. DATE RECD. BY LOCAL REG. 3-2-61		26. REGISTRAR'S SIGNATURE Robert Campbell			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Walter Cook

Licensed Embalmer No. 4731

P. O. Address Brown, Mo

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.