

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-042705
STATE FILE NUMBER

AMENDED

Registration District No. 104 Primary Registration District No. 5418 Registrar's No. 6

FILED JAN 22 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>COTTON HILL</u>		c. CITY OR TOWN <u>GLENNONVILLE</u>	
Length of stay in lb <u>5 MIN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 MI. W. OF MALDEN</u>		d. STREET ADDRESS (If outside, give location) <u>GLENNONVILLE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HILDA ELIZABETH KAYSER</u>		4. DATE OF DEATH Month Day Year <u>DEC. 16 1961</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-29-16</u>
9. AGE (last birthday) <u>45</u>		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) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>BLOOMSPALE, MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>AMOS CARRON</u>	
13b. MOTHER'S MAIDEN NAME <u>KATHERINE DANLER</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM KAYSER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT <u>ROBERT KAYSER, GLENNONVILLE, MO.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture of Skull</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
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) <u>Internal Injuries</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto Accident.</u>	
20c. TIME OF DEATH Hour Month, Day, Year <u>3:00 p.m. 12-16-61</u>			
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.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>1 1/2 mile West of Malden, Mo.</u>	COUNTY <u>Mo.</u> STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>3:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Quinton Tarver</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Kennett, Mo.</u>	22c. DATE SIGNED <u>12-20-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-20-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. TERESAS</u>	23d. LOCATION (City, town, or county) (State) <u>GLENNONVILLE, MO.</u>
24. FUNERAL DIRECTOR <u>DAY & KNIGHT, MALDEN, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>1-18-62</u>	26. REGISTRAR'S SIGNATURE <u>J. J. Schuman</u>	

MS JAN 25 1962

FEB 1 1962

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 J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.