MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018760

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 76

FILED JUN 11 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0411
2	0410
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4	0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany — Length of stay in 1b 2 wks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mall Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Harrison
c. CITY OR TOWN New Hampton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Herbert Middle Austin Last Kish

4. DATE OF DEATH Month 6 Day 1 Year 62

5. SEX Male
6. COLOR OR RACE White
7. ~~Married~~ ☒ Widowed ☒ Never Married ☐ Divorced ☐
8. DATE OF BIRTH 7-19-80
9. AGE (last birthday) 82
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) Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer
11. BIRTHPLACE (City and state or country) Atichson Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Herman Kish
13b. MOTHER'S MAIDEN NAME Susian Raines
14. NAME OF HUSBAND OR WIFE Margaret Kish-Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Garlin Kish Address Panwell City Neb.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH 8 Days
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) Congestion Heart failure
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 5/18/62, to 6/1/62 and last saw ~~her~~ him alive on 6/1/62
Death occurred at 9:15 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J Bettinger M.D.
22b. ADDRESS Bettinger Mo.
22c. DATE SIGNED 6/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-2-62
23c. NAME OF CEMETERY OR CREMATORY Hobbs Chapel Cemetery
23d. LOCATION (City, town, or county) (State) S.M. S West. Eaglesville Mo.

24. FUNERAL DIRECTOR Boggess Funeral Home ADDRESS Eaglesville Mo
R R Boggess
25. DATE RECD. BY LOCAL REG. 6-5-1962
26. REGISTRAR'S SIGNATURE Zella Maxey

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Robert R Baggess.
Signature of Student Embalmer

Licensed Embalmer No. 95.76.

P. O. Address Ridgeway 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.