

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024337

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. - Registrar's No. 279

FILED JUL 5 1962

VS 300
Rev. 4/59

1 0940
2 0940
3
4 0
5 1
6
7 1
8 2
9 4200
10
11
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural		c. CITY OR TOWN Rural	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farmington, Mo. Rt. 2		d. STREET ADDRESS (If outside, give location) Farmington, Mo. Rt. 2	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDE RUSSELL KITSON			4. DATE OF DEATH Month Day Year July 1, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/4/1894
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 3 Days 27	IF UNDER 24 HR Hours 5 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Policeman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Collinsville, Ill
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James Kitson	
13b. MOTHER'S MAIDEN NAME Katie Thompson		14. NAME OF HUSBAND OR WIFE Golden (Craner) Kitson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW# 1		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Golden Kitson Farmington, Mo
Address Route # 2		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized arteriosclerosis 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 Month, Day, Year a.m. p.m.	
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 <u>1-16-62</u> to <u>7-1-62</u> and last saw him live on <u>7-1-62</u> Death occurred at <u>11:17 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Flat River, Mo.	
22c. DATE SIGNED 7/2/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 5, 1962	
23c. NAME OF CEMETERY OR CREMATORY Jefferson Bks Nat. Ceme		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo		25. DATE RECD. BY LOCAL REG. July 3, 1962	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE BLACK INK OR TYPEWRITER RIBBON

AUG 2 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 *Thurley Sparks*

Licensed Embalmer No. 4256

P. O. Address *Had River, 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.