

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036678

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 171

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0490

2 0490

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 10 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carl Junction, Mo RI		Length of stay in 1b	c. CITY OR TOWN Carl Junction Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Freeman Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. #1 Box 164 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Albert Middle Dean Last Kiser			4. DATE OF DEATH Month October Day 6 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/9/1945
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 17 IF UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Kiser		13b. MOTHER'S MAIDEN NAME Mildred McCorkle	
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.		17. INFORMANT William Kiser--Rt. #1 Carl Junction, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture; Fractured neck and right frontal DUE TO (b) bone extending into the super-orbital ridge DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH inst.
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 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.) the accident occurred when Kiser apparently lost control of his car on a curve at excessive speed	
20c. TIME OF INJURY Hour 12:15 a.m. Month, Day, Year 10-6-63		and it ran off the road and overturned six times	
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.) 2.2 miles north of Highway 43 & 171 Jct.	20f. CITY, TOWN, OR LOCATION Jasper Missouri
21. I attended the deceased from did not attend to her and last saw him alive on 12:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 12:15 a.m.			
22a. SIGNATURE <i>Thendell Furber</i> (agree or title) Coroner		22b. ADDRESS 508 Frisco Building-Joplin, Mo.	22c. DATE SIGNED 10-7-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-9-1963	23c. NAME OF CEMETERY OR CREMATORY Carl Jet, Mo Cem	23d. LOCATION (City, town, or county) (State) Carl Junction, Mo.
24. FUNERAL DIRECTOR Roney Funeral Service, Carl Jct Mo		25. DATE REG. BY LOCAL REG. 10-8-63	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 21 1963

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.