

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17484

State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 4381 Registrar's No. 122

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins</u> | | b. COUNTY <u>Nodaway</u> | |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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|-------------------------------------|-----------------------|----------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ORA</u> | b. (Middle) <u>EARNEST</u> | c. (Last) <u>KYSAR</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3-1951</u> |
|-------------------------------------|-----------------------|----------------------------|------------------------|---|

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|--------------------|-------------------------------|--|---------------------------------------|---|---------------------------|-------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>MAR. 20, 1889</u> | 9. AGE (In years last birthday) <u>62</u> | IF DECEASED: MONTHS _____ | IF DECEASED: YEAR _____ | IF DECEASED: DAYS _____ | IF DECEASED: HOURS _____ | IF DECEASED: MIN. _____ |
|--------------------|-------------------------------|--|---------------------------------------|---|---------------------------|-------------------------|-------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u> | 11. BIRTHPLACE (State or foreign country) <u>Hopkins, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S</u> |
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| 13a. FATHER'S NAME <u>Riverado Kysar</u> | 13b. MOTHER'S MAIDEN NAME <u>Adeline Longellow</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WORLD WAR I</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Audrey Morphaus, Hopkins, Mo</u> | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocardial infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 days</u> |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Hypertension many years</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |

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| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|--|---|

| | | |
|--|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|---|----------------------------|

22. I hereby certify that I attended the deceased from 4/1 5/1 to 5/3 5/1, 1951, that I last saw the deceased alive on May 2, 1951, and that death occurred at 3 a.m., from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Name or title) <u>C. W. Kirk, M.D.</u> | 23b. ADDRESS <u>Hopkins</u> | 23c. DATE SIGNED <u>5/5/51</u> |
|--|-----------------------------|--------------------------------|

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|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAY 4 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Hopkins Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>5-18-51</u> | REGISTRAR'S SIGNATURE <u>Bess Holt 229</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson, Hopkins Mo</u> | ADDRESS |
|---|--|---|---------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

740

APR 21 1951



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.....

myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins Ave*

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 this body is not embalmed, fact should be so stated above.