

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8874

State File No.

FILED APR 2 - 1956

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Rural Bethany Twp</u>	c. LENGTH OF STAY (in this place) <u>88 yr</u>	c. CITY OR TOWN <u>Rural Bethany Twp</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>1 mile East of Bethany</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Olin</u>	b. (Middle) _____	c. (Last) <u>Kies</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-56</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-12-1867</u>
9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>14</u>	IF UNDER 1 HRS. Hours <u>14</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Archibald Kies</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Summerville</u>	14. NAME OF HUSBAND OR WIFE <u>Zola Kies</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Kies</u>	ADDRESS <u>Bethany, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death by Hanging</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u>
*This does not mean the mode of death, such as heart failure, asthma, etc. It means the "disease, condition, or complication which caused death."	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>974x</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in his barn</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bethany Harrison, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph J. Marshall D.C. Coroner</u>	23b. ADDRESS <u>Harrison County Mo.</u>	23c. DATE SIGNED <u>3/29/56</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3.29.56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/31/56</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.B. Kies Bethany Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

16
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EX-102 11 2010

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..... *M.B. Jaast*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fails 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.