URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 13 1960

=60=001240 STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. ______ Registrar's No. 176

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| Item | Entry |
|---|---|
| 1. PLACE OF DEATH a. COUNTY | Harrison Bethany Twp. |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | Rural Bethany Twp. |
| Length of stay in 1b | 60 yrs. |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | none |
| 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 | Bethany Rural |
| Inside Limits | Yes ☐ No ☒ |
| d. STREET ADDRESS (If outside, give location) | none |
| Reside on Farm | Yes ☒ No ☐ |
| 3. NAME OF DECEASED (Type or print) First / Middle / Last | Ida Nathalia Kies |
| 4. DATE OF DEATH Month Day Year | 1-7-1960 |
| 5. SEX | female |
| 6. COLOR OR RACE | white |
| 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | Widowed |
| 8. DATE OF BIRTH | 10-12-1866 |
| 9. AGE (last birthday) | 93 |
| IF UNDER 1 YEAR Months / Days | 2 / 25 |
| IF UNDER 24 HR Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | housewife |
| 10b. KIND OF BUSINESS OR INDUSTRY | Farm |
| 11. BIRTHPLACE (City and state or country) | Mercer, County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY | U. S. |
| 13a. FATHER'S NAME | John L. Moss |
| 13b. MOTHER'S MAIDEN NAME | Martha Hickman |
| 14. NAME OF HUSBAND OR WIFE | Olin |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT / Address | Sam Kies / Bethany Mo |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | Cause | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Acute Myocardial Failure | 30 min |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | General Debility | 2 mo. |
| DUE TO (c) | Fracture neck left femur | 2 mo. |

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. ☐ Yes ☐ No ☐ Unknown

| Item | Entry |
|---|---|
| 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ | No |
| 20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ | Accident |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | Fell in own home |
| 20c. TIME OF INJURY Hour a.m. / Month, Day, Year | 9:00 xx 10-26-59 |
| 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ | Not while at work |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | Own Home |
| 20f. CITY, TOWN, OR LOCATION / COUNTY / STATE | ½ mi. East Bethany, Harrison, Mo. |

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21. I attended the deceased from 10-26-59, to 1-7-60 and last saw her alive on 1-7-60
Death occurred at 8 :30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

| Item | Entry |
|---|---|
| 22a. SIGNATURE (Degree or title) | C. M. [signature] D.O. |
| 22b. ADDRESS | Bethany, Mo. |
| 22c. DATE SIGNED | 1-9-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | Burial |
| 23b. DATE | 1/10/60 |
| 23c. NAME OF CEMETERY OR CREMATORY | Miriam |
| 23d. LOCATION (City, town, or county) (State) | Bethany, Mo. |
| 24. FUNERAL DIRECTOR | M. B. Haas |
| ADDRESS | Bethany, Mo. |
| 25. DATE RECD. BY LOCAL REG. | 1-9-1960 |
| 26. REGISTRAR'S SIGNATURE | Zella Maxey |

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by ______________________________, Student Embalmer No.________

working under my personal supervision.

Student______________________________ Signed ~~B B Haas~~
Signature of Student Embalmer

Licensed Embalmer No. 389

P. O. Address Bethany

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