

FILED APR 18 1949

STANDARD CERTIFICATE OF DEATH

12061

State File No.

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

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>308</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		<u>29</u> <u>21</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1211 N. Fremont</u>				d. STREET ADDRESS (If rural, give location) <u>1211 N. Fremont</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>		b. (Middle) <u>M</u>		c. (Last) <u>Kimbrough</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 5 1873</u>			
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Freeport, Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Samuel Hartman</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Ourndt</u>		14. NAME OF HUSBAND OR WIFE <u>David F. Kimbrough</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David F. Kimbrough</u>		ADDRESS <u>Springfield</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Liver</u> ANTECEDENT CAUSES DUE TO (b) <u>No known cause</u> DUE TO (c) <u>Ascites</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ascites</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Dec. 28, 1948</u> <u>to</u> <u>Apr. 11, 1949</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? <u>1949</u> 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) (M)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Feb. 28, 1949</u> , to <u>Apr. 11, 1949</u> , that I last saw the deceased alive on <u>Apr. 11, 1949</u> , and that death occurred at <u>1:30P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Leslie R. Webb M.D.</u>				23b. ADDRESS <u>700 Medical Arts Bldg.</u>		23c. DATE SIGNED <u>4/12/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-14-1949</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner & Co.</u>		ADDRESS <u>Springfield</u>			

JUL 11 1950

JUL 8 1949

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.

Signed.....
Student Embalmer

Signed

W. G. Stone Jr.

Licensed Embalmer No.

4176

P. O. Address

Springfield

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.