

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1949

State File No. **15445**

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Registrar's No. **23**

BIRTH NO. _____		REG. DIST. NO. 114		PRIMARY REG. DIST. NO. 4186		State File No. 15445		Registrar's No. 23					
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan				c. LENGTH OF STAY (in this place) hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bourbon "Rural"							
d. FULL NAME OF HOSPITAL OR INSTITUTION North Side Hospital				d. STREET ADDRESS (If rural, give location) Star Route									
3. NAME OF DECEASED (Type or Print) a. (First) Sadie			b. (Middle) Irene			c. (Last) Kimberlin			4. DATE OF DEATH (Month) (Day) (Year) May, 26, 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 15, 1878		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 5 Days 11		IF UNDER 24 HRS. 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 at home		11. BIRTHPLACE (State or foreign country) Crawford County, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Lewis Summers				13b. MOTHER'S MAIDEN NAME Josephine Fitzwalters				14. NAME OF HUSBAND OR ### Orville Kimberlin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give branch or dates of service) NO				16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hallie Collins, Sullivan, Mo.							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 12 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis 13 yrs DUE TO (c) Hypertensive Cardiovascular disease 10 yrs 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											
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 type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from June 1948 , to May 26, 1949 , that I last saw the deceased alive on May 26, 1949 , and that death occurred at 8:15 A.M. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) John J. de la Torre M.D.						23b. ADDRESS Sullivan, Mo.			23c. DATE SIGNED 5/27/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May, 28, 1949		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery				24d. LOCATION (City, town, or county) (State) Sullivan, Missouri.					
DATE REC'D BY LOCAL REG. 5-28-49		REGISTRAR'S SIGNATURE Ch. Dractor				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert Gouge Bourbon, Mo.							

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

Date Filed JUN 8 1949

District File Number

District Health Officer No. 9,

RECEIVED

JUN 12 1956

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

Student Embalmer

Signed

Albert E. Long

Licensed Embalmer No. *3504*

P. O. Address *Courbow 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 this body is not embalmed, fact should be so stated above.