

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19954

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 3228 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Sarcoxie Rural Sarcoxie	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hosp		d. STREET ADDRESS (If rural, give location) Mo. A	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) Franklin	c. (Last) Kimberlin	4. DATE OF DEATH (Month) (Day) (Year) 6-26-49
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5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 1 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jasper Co., MO	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Kimberlin	13b. MOTHER'S MAIDEN NAME Nancy Chambers	14. NAME OF HUSBAND OR WIFE Lena
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 1	16. SOCIAL SECURITY NO. XXX	17. INFORMANT'S SIGNATURE OR NAME Mrs Lena Kimberlin ADDRESS Sarcoxie
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis Chronic		INTERVAL BETWEEN ONSET AND DEATH 3 yrs 3 yrs 3 days 59 1/2 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		
	DUE TO (c) Uremia		
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 none	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 25, 1949**, to **June 26, 1949**, that I last saw the deceased alive on **June 26, 1949**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Waverly M.D. (Degree or title)	23b. ADDRESS Carthage Mo	23c. DATE SIGNED 6/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/28/49	24c. NAME OF CEMETERY OR CREMATORY Sarcoxie	24d. LOCATION (City, town, or county) (State) Sarcoxie, MO
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DATE REC'D BY LOCAL REG. 6-27-49	REGISTRAR'S SIGNATURE L. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Jackson & Sons ADDRESS Sarcoxie, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
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RECEIVED 7-5-49

Jasper County Health Office

County File Number 49-6-502

Date Filed 7-9-49

JUL 28 1949

JUL 12 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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Signed _____ Student Embalmer

Signed George B Orr _____ Student Embalmer No. _____

Licensed Embalmer No. 946

P. O. Address W. Vernon

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.