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FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30904

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3644 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEXINGTON
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RURAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEXINGTON 54
d. STREET ADDRESS (If rural, give location) RURAL 0 2

3. NAME OF DECEASED (Type or Print) a. (First) GUSSIE b. (Middle) c. (Last) KIMMICK

4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1949

5. SEX FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) SINGLE **8. DATE OF BIRTH** Oct. 29, 1871 **9. AGE** (In years last birthday) 77 IF UNDER 1 YEAR Months 10 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME **10b. KIND OF BUSINESS OR INDUSTRY** **11. BIRTHPLACE** (State or foreign country) HERMAN, MO. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME LEO KIMMICK **13b. MOTHER'S MAIDEN NAME** MARY SHUDDLE **14. NAME OF HUSBAND OR WIFE** _____

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.** none **17. INFORMANT'S SIGNATURE OR NAME** WM KIMMICK **ADDRESS** LEX. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach

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.

INTERVAL BETWEEN ONSET AND DEATH: 101X

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* April 4, 1949, *to* Sept 9, 1949, *that I last saw the deceased alive on* 9th Sept, 1949, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Joe W. Waidmann (Degree or title) **23b. ADDRESS** Lexington, Mo **23c. DATE SIGNED** 9/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** SEPT. 10, 1949 **24c. NAME OF CEMETERY OR CREMATORY** CATHOLIC **24d. LOCATION** (City, town, or county) (State) LEXINGTON, MO

DATE REC'D BY LOCAL REG. 9/26/49 **REGISTRAR'S SIGNATURE** Minnie E. Earlbrooks 156 **25. FUNERAL DIRECTOR'S SIGNATURE** FORREST F. TEMPEL **ADDRESS** LEX. MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 29

District Health Officer No. 8,

District File Number.....

Date Filed 9-30-49

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 Geo. M. Kean

Signed ..... Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lexington 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.