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FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33224

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau	
c. LENGTH OF STAY (in this place) 70 yrs.		d. STREET ADDRESS (If rural, give location) 21 South Lorimier St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Mo. Hospital			

3. NAME OF DECEASED a. (First) DEAN b. (Middle) H. c. (Last) KIMMEL		4. DATE OF DEATH October 15, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 23, 1879
9. AGE (In years last birthday) 70		10. MONTHS 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Waiter		10b. KIND OF BUSINESS OR INDUSTRY Colony Club	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME George G. Kimmel	13b. MOTHER'S MAIDEN NAME Delia Dean	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-24-4487	17. INFORMANT'S SIGNATURE OR NAME Miss Delia Kimmel
		ADDRESS Cape Girardeau, 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		INTERVAL BETWEEN ONSET AND DEATH 12 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterial Hemorrhage</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO: (b) <i>Hypertension</i> DUE TO: (c) <i>Sclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331A	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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)	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 10/14 1948 to 10/15 1949 that I last saw the deceased alive on 10/14 1949, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Cape Girardeau Mo 10/13 775	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 17, 1949	24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
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DATE REC'D BY LOCAL REG 10-16-1949	REGISTRAR'S SIGNATURE <i>[Signature]</i>	44	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Cape Girardeau
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(Licensed Embalmer's Statement on Reverse Side)

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

VED 10-24-49

Sanitary Health Officer No. 4
Sanitary File Number 1049.138
Date Filed _____

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 Virgil K. Keled

Licensed Embalmer No. 4182

P. O. Address Cape Girardeau

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.