S. No. 300
v. 10.48

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11916

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 139

010

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

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA
c. LENGTH OF STAY (in this place): 100 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ellis Fischel - State Cancer - Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW BLOOMFIELD 0140
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST b. (Middle) EARL c. (Last) KIMBALL

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 50

5. SEX: Male 0
6. COLOR OR RACE: White
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): 0
8. DATE OF BIRTH: 12-9-89
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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): NEW BLOOMFIELD MO 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: no record
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Hospital Record Columbia, Mo. ADDRESS

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) Cancer of Skin (buttocks)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pre-existing Congestal Scaral Sinus
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: 191X

19a. DATE OF OPERATION: Mar 1950
19b. MAJOR FINDINGS OF OPERATION: Inoperable Cancer Skin (Buttocks)
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, 1949, *to* April 29, 1950, *that I last saw the deceased alive on* April 29, 1950, *and that death occurred* 2:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John J. Modlin M.D. 0
23b. ADDRESS: Ellis Fischel Cancer Hosp.
23c. DATE SIGNED: 4-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: May 1-50
24c. NAME OF CEMETERY OR CREMATORY: New Bloomfield Cem.
24d. LOCATION (City, town, or county) (State): New Bloomfield MO

DATE REC'D BY LOCAL REG.: April 29 1950
REGISTRAR'S SIGNATURE: Mrs R.E. Palmer 310
25. FUNERAL DIRECTOR'S SIGNATURE: Hoak & Claypool Sr. ADDRESS: New Bloomfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 9 1950
District Health Officer No. 9
District File Number

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 Leroy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.