

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17768

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4413 Registrar's No. 56

0820

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u>	
c. LENGTH OF STAY (In this place) <u>13 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LURANETTA</u> b. (Middle) _____ c. (Last) <u>KINSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1950</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 31 1892</u>		9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>7</u> 11. DAYS <u>7</u> 12. HOURS <u>0</u> 13. MIN. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>John Snell</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Sinclair</u>			14. NAME OF HUSBAND OR WIFE <u>Charley Kinsey</u>		
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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. _____		17. INFORMANT'S SIGNATURE OF NAME <u>Ethel Hammer</u> ADDRESS <u>27110 Collier St</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u>						<u>5810</u>	
		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.							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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 _____	
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22. I hereby certify that I attended the deceased from May 1948, to May 5, 1950, that I last saw the deceased alive on May 5, 1950 and that death occurred at 7:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. P. Hansen D.O.</u>		23b. ADDRESS <u>Frankford, Mo.</u>		23c. DATE SIGNED <u>May 6, 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centenary</u>		24d. LOCATION (City, town, or county) (State) <u>Saverton (rural)</u>	
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DATE REC'D BY LOCAL REG. <u>May 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u> <u>374</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fields & Son</u> ADDRESS <u>Frankford, Mo.</u>	
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DEC 18 1953

RECEIVED
MAY 15 1950
MAY 25 1950
District Health Officer No. 10
District File Number 5-50-819
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 Jane Fields Mignon

Licensed Embalmer No. 4093

P. O. Address Frankford Pa.

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.