

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19600

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY LAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Applecreek	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 2 Mile East Oak Ridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAPE OSTEOPATHIC HOSP.			

3. NAME OF DECEASED (Type or Print) F. LARENCE H. KINNISON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JULY 1 1950
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5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 18, 1897	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FACTORY WORKER	10b. KIND OF BUSINESS OR INDUSTRY WAGNER ELECTRIC	11. BIRTHPLACE (State or foreign country) Gordonville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hiram Kinnison	13b. MOTHER'S MAIDEN NAME Elizabeth Hughes	14. NAME OF HUSBAND OR WIFE Rosa W. Kinnison
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15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 498-24-4234	17. INFORMANT'S SIGNATURE OR NAME Rosa W. Kinnison	ADDRESS Oak Ridge, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		INTERVAL BETWEEN ONSET AND DEATH 28 1/2 26
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of skull, clavicle, ribs, & arm and back		
	DUE TO (c) Automobile Accident		
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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) Bloomdale St. Jefferson Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 30, 1950	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident
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22. I hereby certify that I attended the deceased from July 1, 1950, to July 1, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE M. J. Neill	(Degree or title) D.O.	23b. ADDRESS 105 S. Spanish Cape Girardeau, Mo.	23c. DATE SIGNED July 6, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 3, 1950	24c. NAME OF CEMETERY OR CREMATORY Baptist Church	24d. LOCATION (City, town, or county) (State) Oak Ridge Mo.
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DATE REC'D BY LOCAL REG. 7-6-1950	REGISTRAR'S SIGNATURE C. C. Summers	44	25. FUNERAL DIRECTOR'S SIGNATURE Jackson, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0164

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 Gene C. Crawford

Signed.....
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.