

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH20782
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN <u>Lexington</u>		0542	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levy Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Ann Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SELBY</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Kimbrough</u> <u>KIMBOUGH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 29, 1891</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Crop farming</u>		11. BIRTHPLACE (State or foreign country) <u>Thomas Hill, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>				13a. FATHER'S NAME <u>James T. Kimbrough</u>		13b. MOTHER'S M maiden NAME <u>Susan O. Matlock</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha E. Sawyer</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Not known</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Martha E. Kimbrough</u>				ADDRESS <u>Lexington, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>our 3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>--</u> DUE TO (c) <u></u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>--</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lexington Lafayette Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>6/19/</u> , 19 <u>50</u> , to <u>6/22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6/22</u> , 19 <u>50</u> , and that death occurred at <u>2:15 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ben H. Brasler M.D.</u>				23b. ADDRESS <u>Lexington, Mo.</u>		23c. DATE SIGNED <u>6/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/24/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Alma E. Eastbrook</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James T. Tempel</u>		ADDRESS <u>Lexington, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

AUG 10 1957

Richard

RECEIVED 7-10

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-18-57

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 *L. W. Team*

Signed.....
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Livingston Ave.*

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.