

FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22582

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <i>Wayne</i>			2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Wayne</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Selma</i>		c. LENGTH OF STAY (in this place) <i>None</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Burbank</i> <i>1110</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <i>J</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>OLVA</i> b. (Middle) <i>KINDER</i> c. (Last) <i>KINDER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 1 1950</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>July 20 1900</i>		9. AGE (In years last birthday) <i>49</i>
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <i>sewer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>U.S. Army</i>	11. BIRTHPLACE (State or foreign country) <i>Windsor Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Southard Kinder</i>		13b. MOTHER'S MARRIED NAME <i>Caroline Volckmer</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes 2 1/2 yrs</i>		16. SOCIAL SECURITY NO. <i>507-32-1463</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Lozel Dittelmeyer</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Basal Skull Fracture</i>		ANTECEDENT CAUSES			<i>Malnutrition</i> <i>68234</i> <i>32</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <i>117</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>U.S. Army</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Selma Wayne Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 1 1950 8:15 a.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Car accident</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Harvey E. Bowler</i>			23b. ADDRESS <i>Coroner, Piedmont, Mo</i>		23c. DATE SIGNED <i>7-3-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 5-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Louel Hill Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo</i>
DATE REC'D BY LOCAL REG. <i>July 7 1950</i>		REGISTRAR'S SIGNATURE <i>Mabel Beasley</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Wm. Beasley</i>	
		ADDRESS <i>St. Louis, Mo</i>			

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

RECEIVED

JUL 8 1950

WAYNE CO. HEALTH CENTER

FILE No. 750-1669

JUL 24 1950
JUL 28 1950

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Fris S Marshall

Licensed Embalmer No. 4601

P. O. Address Greenville, N.C.

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.