

FILED JUL 20 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH 5181

State File No. 022997

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 41-81- Registrar's No. 62

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

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Rural Apple Creek</i>	c. LENGTH OF STAY (In this place) <i>4 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural (Apple Creek)</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3 miles West Old Appleton</i>		d. STREET ADDRESS (If rural, give location) <i>3 miles West Old Appleton</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>WILLIAM</i>	b. (Middle) <i>SYLVANUS</i>	c. (Last) <i>KINNISON</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 13, 1950</i>
--	---------------------------	-----------------------------	---------------------------	--

5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 12, 1884</i>	9. AGE (In years last birthday) <i>66</i>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
--------------------	-------------------------------	---	--	---	-------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Stock Raising</i>	11. BIRTHPLACE (State or foreign country) <i>Barfordville Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
--	--	---	--

13a. FATHER'S NAME <i>Wiram Kinnison</i>	13b. MOTHER'S MAIDEN NAME <i>Maranda Wrice</i>	14. NAME OF HUSBAND OR WIFE <i>Nancy Hedge Kinnison</i>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Lorene Kinnison</i>	ADDRESS <i>Old Appleton Mo.</i>
--	-------------------------------	--	---------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart Attack</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4/4 X</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i>		
	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"/>
------------------------------	--	---

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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from *January 1949*, to *July 9, 1950*, that I last saw the deceased alive on *July 9, 1950*, and that death occurred at *12:06 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>R. D. Blacklock M.D.</i>	(Degree or title)	23b. ADDRESS <i>Oak Ridge Mo.</i>	23c. DATE SIGNED <i>7-14-50</i>
--	-------------------	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>July 15, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Proffer Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>5 mi N. Whitewater Mo.</i>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <i>July 15-50</i>	REGISTRAR'S SIGNATURE <i>D. S. Suter</i>	48	25. FUNERAL DIRECTOR'S SIGNATURE <i>Miller Jackson</i>	ADDRESS _____
--	--	----	--	---------------

RECEIVED JUL 17 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

AUG 4 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Len C. Carrast

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.

1876