

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30514
3848

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>33 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>6203 E TRUMAN RD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6203 E TRUMAN RD</u>			

3. NAME OF DECEASED (Type or Print) <u>LOU</u>	a. (First)	b. (Middle) <u>MARY</u>	c. (Last) <u>KINSLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 7 50</u>
5. SEX <u>FCM</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-11-1868</u>	9. AGE (In years last birthday) Months Days <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO. MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				

13a. FATHER'S NAME <u>JAMES L. HEBERLING</u>	13b. MOTHER'S MAIDEN NAME <u>MARY FRANCIS WAUGH</u>	14. NAME OF HUSBAND OR WIFE <u>EDWARD A. KINSLEY DCG.</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) <u>NO.</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MAURICE KINSLEY</u>	ADDRESS <u>1505 1/2 ELMOOD</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY DILATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>6-7 MO.</u> <u>6-7 MO.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>		
	DUE TO (c) <u>ATHEROSCLEROSIS. 4201</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSIVE PNEUMONIA. 2 days.</u>			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4-11, 1950, to 9-5, 1950 that I last saw the deceased alive on 9-7, 1950, and that death occurred at 6:15 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray J. Gay</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>604 YRS. TRUMAN</u>	23c. DATE SIGNED <u>9-8-50</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>19-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RICHLAND</u>	24d. LOCATION (City, town, or county) (State) <u>GLASGOW MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-9-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil</u>	ADDRESS <u>K.C. MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Student Embalmer

Signed

John P. Sheel

Licensed Embalmer No. 3625

P. O. Address D. C. 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.