

FILED OCT 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32509

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 473

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY _____	
b. CITY OR TOWN SAVANNAH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dodge City 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Nicholas Sanatorium		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Clarence	c. (Last) Kimbrel	4. DATE OF DEATH (Month) (Day) (Year) 10-18-1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W	8. DATE OF BIRTH 8-17-1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 1	IF UNDER 1 MIN. Hours 1
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10a. USUAL OCCUPATION (Give kind of work done during period working file, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Unknown 9	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME John Kimbrel	13b. MOTHER'S MAIDEN NAME EMMA ADAMS	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Hulpien + SWAIN	ADDRESS Dodge City
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis		
	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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Savannah Andrew Mo.
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 Oct 15, 1950 to Oct 18, 1950, that I last saw the deceased alive on Oct 18, 1950, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. E. Smith	(Degree or title) 0	23b. ADDRESS Savannah Mo.	23c. DATE SIGNED 10-18-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10-19-1950	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Dodge City Kansas
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DATE REC'D BY LOCAL REG. 10-21-50	REGISTRAR'S SIGNATURE Lillian Spink	25. FUNERAL DIRECTOR'S SIGNATURE Breit-Funeral Home	ADDRESS SAVANNAH Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0021
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed L. C. Breit

Signed _____
Student Embalmer

Licensed Embalmer No. 2650

P. O. Address Savannah, 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.