

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1951

State File No. **40134**

BIRTH NO. _____ REG. DIST. NO. **91** PRIMARY REG. DIST. NO. **3012** Registrar's No. **163**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR#2, Lawson, Missouri	
c. LENGTH OF STAY (In this place) 35 minutes			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Kenneth c. (Last) Kinder			4. DATE OF DEATH (Month) (Day) (Year) Dec. 16 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 7-11-20	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months 5 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Relief Operator		10b. KIND OF BUSINESS OR INDUSTRY Western Union	11. BIRTHPLACE (State or foreign country) Richmond, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles A. Kinder	13b. MOTHER'S MAIDEN NAME Grace Holman	14. NAME OF HUSBAND OR WIFE ---
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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) Yes WW-II	16. SOCIAL SECURITY NO. Yes-not remembered	17. INFORMANT'S SIGNATURE OR NAME Charles A. Kinder, father	ADDRESS Ray Lawson, Mo.
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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) Fracture of Skull		INTERVAL BETWEEN ONSET AND DEATH Approx. 3 hrs.
	ANTECEDENT CAUSES Cerebral Hemorrhage		
	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 089	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Homicide Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #10, Ray County	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Excelsior Springs in Ray Co., Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-15-50 (probably about 10:00 PM)	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident while returning home from work.
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22. I hereby certify that I attended the deceased from **12-16 1950**, to **12-16 1950**, that I last saw the deceased alive on **12-16 1950**, and that death occurred at **12:50A m.**, from the causes and on the date stated above.

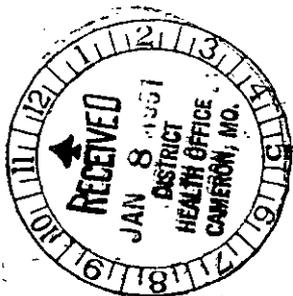
23a. SIGNATURE (Degree or title) D. S. Cat. MD. Senior MD.	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 12/16/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-16-50	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Ray County, Missouri
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DATE REC'D BY LOCAL REG. 12/16/50	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE Hope & Mildred Home	ADDRESS Excelsior Spgs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48



JAN 18 1951

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.

Student _____

Student Embalmer

Signed

Charles V. Hope

Licensed Embalmer No.

3950

P. O. Address

Exp Springs 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.