

No. 30
10.48

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20712

BIRTH NO. _____ REG. DIST. NO. 187. PRIMARY REG. DIST. NO. 3049 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <i>Linnington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Linnington</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Chillicothe</i>	c. LENGTH OF STAY (In this place) <i>349m</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Chillicothe</i> <i>S.S. 912</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1419 Clay St.</i>		d. STREET ADDRESS (If rural, give location) <i>1419 Clay St.</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <i>Lydia</i>	b. (Middle) <i>Blanche</i>	c. (Last) <i>Kinzy</i>	June	18,	1951

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 5, 1863</i>	9. AGE (In years last birthday) <i>87</i>	10. UNDER 1 YEAR <i>11</i> Months	11. UNDER 1 WEEK <i>73</i> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Linnington Co., Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Oscar T. Bulter</i>	13b. MOTHER'S MAIDEN NAME <i>Eliza Francis</i>	14. NAME OF HUSBAND OR WIFE <i>Samuel Kinzy</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Miss Ethel Kinzy - Chillicothe, Mo.</i>	ADDRESS
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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>Myocarditis</i>	ANTECEDENT CAUSES		4222
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *June 1, 1951, to June 18, 1951*, that I last saw the deceased alive on *June 17, 1951*, and that death occurred at *10 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>A.S. Dawell M.D.</i>	23b. ADDRESS <i>Chillicothe Mo.</i>	23c. DATE SIGNED <i>6-19-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 20 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Geneva Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Linnington Co., Mo.</i>
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DATE REC'D BY LOCAL REG. <i>6-19-51</i>	REGISTRAR'S SIGNATURE <i>Francis B. Weill</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ronald Gordon</i>	ADDRESS <i>Chillicothe, Mo.</i>
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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 *Ronald F. Gordon*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.