

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21048**

BIRTH NO. _____		REG. DIST. NO. <u>293</u>		PRIMARY REG. DIST. NO. <u>6013</u>		Registrar's No. <u>19</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> <u>Pleasant View Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY OR TOWN <u>Salt Springs</u>		c. LENGTH OF STAY (in this place) <u>11</u>		c. CITY OR TOWN <u>Salt Springs Twshp.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u>			b. (Middle) <u>Kinesley</u>			c. (Last) <u>Kinesley</u>			
4. DATE OF DEATH <u>June 5th 1951</u>				5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>abt. 75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>		13a. FATHER'S NAME <u>John Hallisey</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>James Kehoe</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Kehoe</u> ADDRESS <u>Moberly Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic hypocarditis</u> ANTECEDENT CAUSES <u>arterio sclerotic</u> DUE TO (b) <u>arterio sclerotic</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>D.K.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 <u>May 4</u> , 1951, to <u>June 5</u> , 1951, that I last saw the deceased alive on <u>June 5</u> , 1951, and that death occurred at <u>6 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>P. V. Dreyer M.D.</u>				23b. ADDRESS <u>Huntsville Mo.</u>		23c. DATE SIGNED <u>6/7/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7th 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-9-1951</u>		REGISTRAR'S SIGNATURE <u>Miss L. A. Barnhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u> ADDRESS <u>Moberly Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUN 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-112
Date Filed: JUN 19 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 Frank W. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.