

FILED AUG 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27415**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <b>Jasper</b> <i>9473</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b> <i>9473</i>	
c. LENGTH OF STAY (in this place) <b>8 yrs</b>		d. STREET ADDRESS (if rural, give location) <b>1229 So. Garrison</b> <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1229 So. Garrison</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELI</b> b. (Middle) _____ c. (Last) <b>KINNISON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 7, 1951</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>April 18, 1860</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>	11. BIRTHPLACE (State or foreign country) <b>Mercer County, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Mathew W. Kinnison</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Teeters</b>		14. NAME OF HUSBAND OR WIFE <b>----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J.P. Kinnison, 1229 Garrison, Carthage</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Chronic,</b> <b>with myocardial degeneration</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last- 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. <b>Serility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>		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) (Min)		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 Aug 7, 1951, to Aug 7, 1951, that I last saw the deceased alive on Aug 7, 1951, and that death occurred at 11:40 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George H Wood MD</b>		23b. ADDRESS <b>Carthage, Mo.</b>		23c. DATE SIGNED <b>8-9-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Aug 11 - 51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Clintonville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Eldorado Spgs, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>8-10-51</b>		REGISTRAR'S SIGNATURE <b>LB Clinton MD</b> <i>139</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Knell Mortuary, Carthage, Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8/14/51  
Jasper County Health Office  
County File Number 51-8-646  
Date Filed 8/15/51

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.