

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27900**

FILED AUG 20 1951

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 126	
1. PLACE OF DEATH a. COUNTY Pulaski WAYNSVILLE MO 0850				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY RAWFORD			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STEELVILLE MO 0280		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DE WITTHOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) VALENTINES b. (Middle) KIMBERLIN c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) AUG 1 1951				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2	8. DATE OF BIRTH 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Days 5	IF UNDER 1 HR. Hours 13	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Anthony, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Don't Know		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Grace Kimberlin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Shelby Kimberlin ADDRESS Steelville Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility				INTERVAL BETWEEN ONSET AND DEATH 10 days 15 yrs	
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"/>	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 7-29 , 19 51 , to 8-1 , 19 51 , that I last saw the deceased alive on 8-15 , 19 51 , and that death occurred at 3:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE R. O. Witt (Degree or title) D.O.				23b. ADDRESS Wayneville		23c. DATE SIGNED 8-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug 3-51		24c. NAME OF CEMETERY OR CREMATORY Steelville Mo		24d. LOCATION (City, town, or county) (State) Steelville Mo	
DATE REC'D BY LOCAL REG. 8-16-51		REGISTRAR'S SIGNATURE Paula Mae Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Jonnyson ADDRESS Steelville Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-16-51
Pulaski County Health Officer

Date Filed 8-18-51
File Number

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

Harry M. Jones ~~_____~~

working under my personal supervision.

Student Embalmer No.

Signed

Harry M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. *2628*

P. O. Address *Steubenville, 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.