

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

RECD NOV 13 1951

0010
4

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>4003</u>		Registrar's No. <u>288</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission): a. STATE <u>MO.</u> COUNTY <u>Knox Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Gibbs Mo</u>)		c. LENGTH OF STAY (in this place) <u>48 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bu</u>		1520	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miss Clara Ann. Home</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Lilly</u>		a. (First) <u>Lilly</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Kimbley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26-1951</u>		5. SEX <u>F</u>		6. COLOR OF RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>May 6-1872</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u>		IF UNDER 11 Wks. Hours <u>20</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Seneca Barnett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Palk's</u>		14. NAME OF HUSBAND OR WIFE <u>Austin Kimbley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Bonnie Jean Barnett</u> ADDRESS <u>Edina 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>20 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>Barbar</u> <u>Knnox Mo.</u>			
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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>10-25-1951</u> , to <u>10-26-1951</u> ; that I last saw the deceased alive on <u>10-26-1951</u> , and that death occurred at <u>10:55 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. T. L. C.</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Hinksville, MO.</u>		23c. DATE SIGNED <u>10-27-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Novelty</u>		24d. LOCATION (City, town, or county) (State). <u>Novelty Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-27-51</u>		REGISTRAR'S SIGNATURE <u>Walter Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u> ADDRESS <u>Edina Mo.</u>			

Date Received: NOV 6 1967
DISTRICT HEALTH OFFICE #2
District File Number 11-57-1968
Date Filed: NOV 8 1967

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 Wm J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.