

FILED OCT 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 32650

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1070

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
a. STATE Missouri b. COUNTY Andrew  
c. CITY (If outside corporate limits, write RURAL and give township) Rosendale 1072  
d. STREET ADDRESS 1

3. NAME OF DECEASED  
a. (First) SAMEUL b. (Middle) KIME c. (Last) KIME

4. DATE OF DEATH (Month) (Day) (Year)  
Oct. 19, 1951

5. SEX male  
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Aug 1-1875

9. AGE (In years last birthday) 76  
if under 1 year: Months \_\_\_\_\_ Days \_\_\_\_\_  
if under 11 hrs: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of workable life, even if retired) retired farmer

10b. KIND OF BUSINESS OR INDUSTRY own farm

11. BIRTHPLACE (State or foreign country) Maryville - Mo. 0

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Kime

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Pearl Kime

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Kime - Rosendale - Mo. ADDRESS

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) Coronary Occlusion  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Art Sclerosis  
DUE TO (c) Probably Pulmonary Infection  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
3 wks  
4 wks  
24 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1951, to Oct 19, 1951, that I last saw the deceased alive on Wednesday, 10-18-51 and that death occurred at 8:00 am., from the causes and on the date stated above.

23a. SIGNATURE Dr. H. C. ... (Degree or title)

23b. ADDRESS St. Joseph Mo.

23c. DATE SIGNED 10-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 10-21-1951

24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.

24d. LOCATION (City, town, or county) (State) Barnard Mo.

DATE REC'D BY LOCAL REG. Oct 22, 1951

REGISTRAR'S SIGNATURE Carl C. Cash

25. FUNERAL DIRECTOR'S SIGNATURE (Name) Maryville, Mo. ADDRESS

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

1170

Campbell Funeral Home  
Maryville Mo

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

*G M Atkinson*

Signed.....

Student Embalmer

Licensed Embalmer No. 2379

P. O. Address 3 Maryville 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.