

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 3011 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u> <u>0171</u>	
c. LENGTH OF STAY (In this place) <u>2 Weeks</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>411 Sloan St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>County Home.</u>	

3. NAME OF DECEASED (Type or Print) <u>Harold</u>		a. (First)		b. (Middle)		c. (Last) <u>Kinsella.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <u>(1)</u>		8. DATE OF BIRTH <u>Unknown</u> <u>About 48yrs</u>		9. AGE (In years last birthday) <u>About 48yrs</u> If under 1 year: Months _____ Days _____ If under 1 hr.: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>North part of Carroll Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Kinsella</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>County Court. Carrollton Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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.					

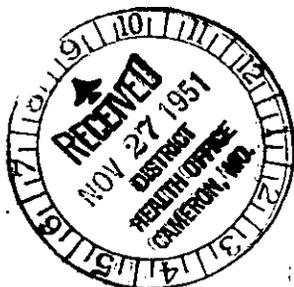
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from Sept. 1, 1951, to Nov. 9, 1951, that I last saw the deceased alive on Nov. 9, 1951, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carroll L. Smith M.D.</u>		(Degree or title)		23b. ADDRESS <u>107 9th St. Carrollton Mo</u>		23c. DATE SIGNED <u>11-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coloma Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Coloma Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11/14/51</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calverto</u>		45		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home</u>		ADDRESS <u>Carrollton</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *R. M. Marshall, Jr.* _____

Licensed Embalmer No. *4469* _____

P. O. Address *Carrollton* _____

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.