FILED DEC 4 1951

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36628

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 25

170
1

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne
c. LENGTH OF STAY (In this place): 38 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 399 East first Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits write RURAL and give township): Norborne 0170
d. STREET ADDRESS (If rural, give location): 399 East first Street

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): —
c. (Last): Kimbrough

4. DATE OF DEATH (Month) (Day) (Year): Nov 28 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 20 ~~1891~~ 1892
9. AGE (In years last birthday): 60 59 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Yard
11. BIRTHPLACE (State or foreign country): Hardin Ray County Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Kelse McDowell Kimbrough
13b. MOTHER'S MAIDEN NAME: Anna Louis Summers
14. NAME OF HUSBAND OR WIFE: Mayme E. Kimbrough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War One
16. SOCIAL SECURITY NO.: 495-10-5092
17. INFORMANT'S SIGNATURE OR NAME: K. M. Kimbrough — ADDRESS: Norborne, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Amyotrophic Lateral Sclerosis	3½ years
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.	Arteriosclerosis diffuse	10+ years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 3561
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* 3-30-, 1940, *to* 11-28-, 1951, *that I last saw the deceased alive on* 11-28-, 1951, *and that death occurred at* 1:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rupert Vaslell M.D. 0
23b. ADDRESS: 212 South Pine St. Norborne Mo
23c. DATE SIGNED: 11-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-30-1951
24c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
24d. LOCATION (City, town, or county) (State): 1 Mile East Norborne Mo

DATE REC'D BY LOCAL REG.: Nov. 30 - 1951
REGISTRAR'S SIGNATURE: Eileen Pennington 461
25. FUNERAL DIRECTOR'S SIGNATURE: John G. Deitch — ADDRESS: Norborne Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13
RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, MO.
RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, MO.
DEC 8

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.

State of Missouri
County of Carroll } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 36628

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 13th day of March, 1952 before me appears K. M. Kimbrough, who, upon His oath, states that the original record of ~~birth~~ death for Harry Kimbrough, died November 28th, 1951, in the State of Missouri, and which was filed at Jefferson City on Dec. 27, 1951, should be corrected as follows:

Item No. 8 should read Jan 20th 1892
Instead of Jan 20th 1891

Item No. 9 should read 59 years
Instead of 60 years

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant K. M. Kimbrough Son
Relationship.

Norborne Mo
Present Address.

Subscribed and sworn to before me this 13th day of March, 1952

My Commission expires Aug. 18 - 1954 J. H. Schultz Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—4-43
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