No. 300
10-48

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

FILED DEC 7 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38134

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lambert Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: GRUNDY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPICKARD
d. STREET ADDRESS (If rural, give location): //

3. NAME OF DECEASED (Type or Print)
a. (First): WESLEY
b. (Middle): SYLVESTER
c. (Last): Kinnison

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

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT-3-1879
9. AGE (In years last birthday): 72 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THEODORE KINNISON
13b. MOTHER'S MAIDEN NAME: MARY WRIGHT
14. NAME OF HUSBAND OR WIFE: OLLIE KINNISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: IRVIN COVEY — ADDRESS: SPICKARD 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
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: 331X
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* Nov 28, 1951, *to* Nov 28, 1951, *that I last saw the deceased alive on* Nov 28, 1951, *and that death occurred at* 11:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Marion Lambert (Degree or title): M.D.
23b. ADDRESS: Princeton, Mo
23c. DATE SIGNED: 11/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC-1-1951
24c. NAME OF CEMETERY OR CREMATORY: HAMILTON CEM.
24d. LOCATION (City, town, or county) (State): MERCER CO. MO.

DATE REC'D BY LOCAL REG.: 12-1-51
REGISTRAR'S SIGNATURE: 393
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: SCHOOLER FUNERAL HOME SPICKARD MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 5 1951
DISTRICT
HEALTH OFFICE
CAMERON, 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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Ross Nico

Licensed Embalmer No. 3471

P. O. Address Richard 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.