

STANDARD CERTIFICATE OF DEATH

State File No.

990

BIRTHDAY **JAN 18 1952** REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **448B** Registrar's No. **2**

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| 1. PLACE OF DEATH a. COUNTY SCOTLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI COUNTY SCOTLAND | |
| b. CITY (If outside corporate limits, write RURAL and give township) RUTLEDGE | | c. CITY (If outside corporate limits, write RURAL and give township) RUTLEDGE 0990 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At Home | | d. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) AMZI BRUCE KINTNER | | | 4. DATE OF DEATH Month Jan (Day) 9 (Year) 1952 | | |
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| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1 | 8. DATE OF BIRTH July-3-1873 | 9. AGE (last birthday) 78 years 6 months 6 days | IF UNDER 1 YEAR IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance for A.T. & S. Railroad | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Harrison County, Ind. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Isaac Kintner | 13b. MOTHER'S MAIDEN NAME Elyzabeth Fingenbeter | 14. NAME OF HUSBAND OR WIFE Robert A. Coffman |
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| 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. none | 17. INFORMANT'S SIGNATURE OR NAME Mildred STONER - Baring, Mo | ADDRESS |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| | 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. | | | |

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| 19a. DATE OF OPERATION Jan 5 | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 **Dec 27, 1951**, to **Jan 5, 1952**, that I last saw the deceased alive on **Jan 5, 1952**, and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE E. E. Symmonds D.O. | (Degree or title) | 23b. ADDRESS Memphis Mo. | 23c. DATE SIGNED Jan 11 1952 |
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| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | 24b. DATE Jan 12 1952 | 24c. NAME OF CEMETERY OR CREMATORY Pauline | 24d. LOCATION (City, town, or county) (State) Rutledge Missouri |
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| DATE REC'D BY LOCAL REG. 1/11/52 | REGISTRAR'S SIGNATURE M Baker 407-0 | 25. FUNERAL DIRECTOR'S SIGNATURE Keith Hudson | ADDRESS Edina Mo |
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Keith Hudson

Signed.....
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina Missouri

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.