

FILED FEB. 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4149**

BIRTH NO. _____ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **3151** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Kidder	c. LENGTH OF STAY (In this place) 68 ya.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Kidder 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 1/2 miles North and East		d. STREET ADDRESS (If rural, give location) 4 1/2 miles North and East Cameron Mo.	

3. NAME OF DECEASED (Type or Print) Edward			a. (First) E. C. AHEVIN	b. (Middle) M. O.	c. (Last) Kinsella	4. DATE OF DEATH (Month) Feb (Day) 17 (Year) 1952				
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH OCT 15 1883		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	IF UNDER 1 MRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER			11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA.		

13a. FATHER'S NAME Mike Kinsella	13b. MOTHER'S MAIDEN NAME Catherine Devoy	14. NAME OF HUSBAND OR WIFE NONE
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Chris Kinsella	ADDRESS Camden Mo.
---	--	------------------------------------	---	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident		INTERVAL BETWEEN ONSET AND DEATH 7 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		
	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 <input type="checkbox"/> NO <input checked="" 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 **2-14, 1947** to **2-17, 1952**, that I last saw the deceased alive on **2-19, 1952**, and that death occurred at **home** from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Camden Mo.	23c. DATE SIGNED 2-18-52
-----------------------------------	-----------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-19-52	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) CAMERON MO.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. Feb 29-52	REGISTRAR'S SIGNATURE Gladys Jones	25. FUNERAL DIRECTOR'S SIGNATURE Robert F. Poland	ADDRESS Home Camden Mo.
---	---	--	--------------------------------

R. F. Poland

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

0130
1

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 Robert F. Poloni

Licensed Embalmer No. 4777 th st.

P. O. Address 122 west 3rd st.
Camden Md.

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.