FILED JUN 24 1952

.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19373

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114 Registrar's No. 36

0090

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

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sturdivant — Wayne Twp
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri — COUNTY: Bollinger — 0090
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Wayne Twp
d. ~~STREET~~ ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Orlina
c. (Last): Kinbel

4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 52

5. SEX: F /
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 17 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 1 Days 24 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kintucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: David Ward
13b. MOTHER'S MAIDEN NAME: Caroline Fortner
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Pearl Cantrel — ADDRESS: Sturdivant 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: 72 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
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: 331 X
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* 1 June, 1952, *to* 10 June, 19__, *that I last saw the deceased alive on* 9 June, 1952, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. D. Merrill, D.O. 2
23b. ADDRESS: Advance, Mo
23c. DATE SIGNED: 13 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 12-52
24c. NAME OF CEMETERY OR CREMATORY: Rock Point
24d. LOCATION (City, town, or county) (State): Rural Bollinger Mo

DATE REC'D BY LOCAL REG.: June 17-1952
REGISTRAR'S SIGNATURE: Willie Van Amburgh
25. FUNERAL DIRECTOR'S SIGNATURE: Watkins Service Puxico Mo — ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.