

S. No. 300
V. 10.48

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19486

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>600</u>	
1. PLACE OF DEATH a. COUNTY <u>Bushawau,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway, 143</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1344.4429</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, 1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2,</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) <u>EMMA</u>			a. (First)	b. (Middle)	c. (Last) <u>KIMBRELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-6-1952,</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single 0</u>		8. DATE OF BIRTH <u>5-8-1870,</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home making</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky, 1</u>	
11. BIRTHPLACE (State or foreign country) <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Marion B. Kimbrell,</u>		13b. MOTHER'S MARDEN NAME <u>Catherine Giffitts</u>	
13b. MOTHER'S MARDEN NAME <u>✓</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no,</u>		16. SOCIAL SECURITY NO. <u>none,</u>	
16. SOCIAL SECURITY NO. <u>none,</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bert S. Kimbrell-3216 Euclid, K. C., Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bert S. Kimbrell-3216 Euclid, K. C., Mo.</u>		ADDRESS	
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) <u>clerosis myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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 <u>5-11-</u> , 19 <u>48</u> , to <u>6-6-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-6-</u> , 19 <u>52</u> , and that death occurred at <u>9:05 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. E. Conner</u>				23b. ADDRESS <u>0 M.D., State Hospital No. 2, St. Joseph Mo.</u>		23c. DATE SIGNED <u>6-6-1952,</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>6/7/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fulton Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>June 12, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl B. Castel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Burns</u>		ADDRESS <u>Funeral Home, St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0117
2

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.

Signed.....
James P. Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St.

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.