

FILED AUG 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23609
47

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Bollinger County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY OR TOWN <u>Lutesville</u>		c. CITY OR TOWN <u>Advance</u> P#4	
c. LENGTH OF STAY (in this place) <u>1 mo</u>		d. STREET ADDRESS (If rural, give location) <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bond Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) <u>Romanda Kinder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1952</u>	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>June 1, 1870</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u>	IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bollinger County</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Kinder</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wallace</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ora Bitterman, Advance, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cerebrovascular disease</u>	
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 <u>443X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
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>June 28, 1952</u> , to <u>July 25, 1952</u> , that I last saw the deceased alive on <u>July 22, 1952</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Emmett L. Price, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lutesville, Missouri</u>	
23c. DATE SIGNED <u>Aug 8, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 25, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bald Cemetery</u>		24d. LOCATION (City, town, or county) <u>Bollinger County, Mo.</u>	
25. FORMAL DIRECTOR'S SIGNATURE <u>Willie VanDunbar</u>		ADDRESS <u>25 - Sleeps S. Morgan Advance Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 9-1952</u>		REGISTRAR'S SIGNATURE	

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

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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 William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advocate, 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.