

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24075

FILED JUL 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>80</u>					
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>322 n Jackson</u> <u>Kennett Mo</u>		c. LENGTH OF STAY (In this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett MO</u>		0352					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>322 n Jackson</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>			b. (Middle) <u>Yancy</u>		c. (Last) <u>Kinsley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-1952</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 22-1893</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR <u>58</u> Months <u>6</u> Days <u>5</u> Hours <u>5</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Kinsley</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Rogers</u>			14. NAME OF HUSBAND OR WIFE. <u>Lola Kinsley</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>			16. SOCIAL SECURITY NO. <u>430-01-0634</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lola Kinsley</u>		ADDRESS <u>Kennett</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo</u>			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver and Jaundice</u>							
				ANTECEDENT CAUSES				DUE TO (b) <u>not known</u>			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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>1561</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) (Min.)		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>May 26</u> , 1952, to <u>June 25</u> , 1952, that I last saw the deceased alive on <u>June 25</u> , 1952, and that death occurred at <u>6:15 A.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Dr. J. M. Mayfield D.C. M.D.</u>				23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>6-27-52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corning Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Corning Ark</u>					
DATE REC'D BY LOCAL REG. <u>6-27-52</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Lantz Service</u>				ADDRESS <u>Kennett Mo</u>		

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

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7667 06 707

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-30-52
COUNTY FILE NUMBER 652-167

AUG 1 1952

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.