

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26980

State File No.

FILED AUG 11 1952

BIRTH NO.		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>6259</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Webster 1120</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural East Benton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural East Benton</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>A.</u> c. (Last) <u>Kinser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 16, 1867</u>	
9. AGE (In years last birthday) <u>95</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jack Lawson</u>		13b. MOTHER'S MAIDEN NAME <u>Teresa Martin</u>	
13a. FATHER'S NAME <u>Jack Lawson</u>		13b. MOTHER'S MAIDEN NAME <u>Teresa Martin</u>		14. NAME OF HUSBAND OR WIFE <u>William Kinser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>P. A. Kinser</u>		ADDRESS <u>Fordland, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal disease.</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, 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>Senility.</u>			
				DUE TO (c) <u>None.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>None.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No opert.</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>Oct. 6, 1948</u> , to <u>July 29, 1952</u> , that I last saw the deceased alive on <u>July 16, 1952</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. R. Schiltz D.D.</u> (Degree or title)				23b. ADDRESS <u>Fordland Mo.</u>		23c. DATE SIGNED <u>8/7/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stewart Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Webster Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-7-52</u>		REGISTRAR'S SIGNATURE <u>Esther M. Good</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley-Kennell-Bergman</u>		ADDRESS <u>Fordland Mo.</u>	

(Licensed Embelmer's Statement on Reverse Side)

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

DEC 19 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.....

W. K. Ferrell

working under my personal supervision.

Student Embalmer No. 414

Signed.....
Student Embalmer

Signed *H. H. Kelley*

Licensed Embalmer No. 3334

P. O. Address *Fardland 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.