

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30967

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 312

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (In days, place) 30 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY (If outside corporate limits, write RURAL and give township) Burfordville 0160
d. STREET ADDRESS none

3. NAME OF DECEASED
a. (First) DOTTIE b. (Middle) CARRIE c. (Last) KINDER
4. DATE OF DEATH (Month) (Day) (Year) Sept 26, 1952

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar 3, 1895 9. AGE (In years) (last birthday) 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Burfordville Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Pratty Kinnison 13b. MOTHER'S MAIDEN NAME Carrie Stroder 14. NAME OF HUSBAND OR WIFE Troy R. Kinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Troy R. Kinder Burfordville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis c Infarction (T3 type)
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Systolic & Diastolic Hypertension 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 31 hours

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 September 19 52, to Sept. 26, 1952, that I last saw the deceased alive on Sept. 26, 1952, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert M. Ester, M.D. / C.M. 23b. ADDRESS 714 Broadway, Cape Girardeau, Mo. 23c. DATE SIGNED 9-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 28-52 24c. NAME OF CEMETERY OR CREMATORY Memorial Park near Jackson Mo 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9-29-52 REGISTRAR'S SIGNATURE C. C. Summers 44-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. M. Miller Jackson Mo

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

164
0

AUG 29 1955

SEP 22 1955

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.....

Gene C. Craycraft

Signed.....
Student Embalmer

Licensed Embalmer No. 4357

P. O. Address Jackson, 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.