S. No. 300
v. 10.48

FILED OCT 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34316

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 7001 Registrar's No. 479

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ballinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marble Hill
d. STREET ADDRESS (If rural, give location): 1090 / 1

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): WALTER
c. (Last): KINDER

4. DATE OF DEATH (Month) (Day) (Year): 10-19-52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2-7-1874
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 8, Days 12
IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: ____
13b. MOTHER'S MAIDEN NAME: ____
14. NAME OF HUSBAND OR WIFE: Eva Kinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: ____
17. INFORMANT'S SIGNATURE OR NAME: Clyde Kinder
ADDRESS: Poplar Bluff 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Perforated Cholecystitis

DUE TO (c) General Peritonitis

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: 585X
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): ____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ____
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* 10-5-, 1952 *to* 10-19, 1952, *that I last saw the deceased alive on* 10-19, 1952, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank A. Dwellin M.D.
23b. ADDRESS: Popler Bluff Hosp. Popler Bluff, Missouri
23c. DATE SIGNED: 10-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-22-52
24c. NAME OF CEMETERY OR CREMATORY: Baker Cemetery
24d. LOCATION (City, town, or county) (State): Marble Hill Mo.

DATE REC'D BY LOCAL REG.: 10-21-52
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428-0
25. FUNERAL DIRECTOR'S SIGNATURE: Phelps-Jenchel
ADDRESS: Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 30 1952
BUTLER CO. HEALTH CENTER
FILE No. 1052-517

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~~ 10-19-52

.....

working under my personal supervision.

Student Embalmer No.....

Signed Phil A Fenchel

Signed.....
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff M

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.