

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4899

State File No. ....

FILED FEB 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>1 year 5 months 9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2,</u>		d. STREET ADDRESS (If rural, give location) <u>727 E. 6th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u>	b. (Middle) <u>-</u>	c. (Last) <u>KIMB</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>5-1-1868</u>	9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months <u>9</u>	# UNDER 1 WEEK Days <u>13</u>	# UNDER 1 MIN. Hours
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10a. 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>Housemaking</u>	11. BIRTHPLACE (State or foreign country) <u>Greenfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Lucy</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Steinhorn</u>	14. NAME OF HUSBAND OR WIFE <u>Edwinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde King</u>	ADDRESS <u>725 E. 6th St. Carthage, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>  <u>15 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic heart disease and hyper-tensive cardiac-vascular disease of arterial arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-5-1951, to 2-14-1953, that I last saw the deceased alive on 2-14-1953, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Farrest Thomas</u>	23b. ADDRESS <u>State Hospital No. 2, St. Joseph Mo</u>	23c. DATE SIGNED <u>2-14-1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 18, 1953</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell-Mortuary</u>	ADDRESS <u>Carthage Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 ck

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Charles F. Taylor

Licensed Embalmer No. 4534

P. O. Address Liberty 120

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.