

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDR. CUNNINGHAM
State File No. 9448

FILED MAR 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>280</u>	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE MISSOURI c. COUNTY GREENE			
b. CITY OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 6 MO.		c. CITY OR TOWN SPRINGFIELD		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN HOSP.				d. STREET ADDRESS (If rural, give location) 2527 N. GRANT			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY			b. (Middle) KINSER		c. (Last) KINSER		
4. DATE OF DEATH (Month) (Day) (Year) MARCH 17, 1953		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 22 1874		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) WEBSTER COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM KINSER			13b. MOTHER'S MAIDEN NAME FRANCES MARKIE		14. NAME OF HUSBAND OR WIFE MAY KINSER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAY KINSER SPRINGFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 30 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 MARCH 16, 1953 , to MARCH 17, 1953 , that I last saw the deceased alive on MARCH 17, 1953 , and that death occurred at 5:40p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. Dean Cunningham, M.D.				23b. ADDRESS 1715 Booneville		23c. DATE SIGNED 3-18-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/19/53		24c. NAME OF CEMETERY OR CREMATORY Pensboro		24d. LOCATION (City, town, or county) (State) LAWRENCE Co. Mo	
DATE REC'D BY LOCAL REG. 3-19-53		REGISTRAR'S SIGNATURE Edith Williamson Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.