

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13538

State File No.

FILED MAY 12 1953

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton Mo.</u> <u>0171</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>509 N. Folger Street</u>		d. STREET ADDRESS (If rural, give location) <u>509 North Folger St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Annie</u>	b. (Middle) <u>Margaret</u>	c. (Last) <u>Kinsey</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>4</u> - <u>30</u> - <u>53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>April 24 1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>6</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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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>House Work</u>	11. BIRTHPLACE (State or foreign country) <u>Carrollton Mo.</u> <u>0</u>	12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Millary Hostetter</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Bricken</u>	14. NAME OF HUSBAND OR WIFE <u>Phillip Kinsey (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Jane Herbert (Carrollton Mo.)</u>	ADDRESS <u>Carrollton 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>4201</u> YES <input type="checkbox"/> NO <input 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) _____	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 Apr 14, 1953, to Apr 30, 1953, that I last saw the deceased alive on Apr 28, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Cowherd D.O.</u> (Degree or title)	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>4-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/2/53</u>	REGISTRAR'S SIGNATURE <u>Mr Herbert Calvert</u> <u>458</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall F. Home (Carrollton Mo)</u>	ADDRESS _____
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. M. Marshall

Licensed Embalmer No. *4969*

P. O. Address *Carrollton*

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.