

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13935**

FILED MAY 5 1953

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4209 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Moriah</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Moriah</u> <u>0410</u>	
c. LENGTH OF STAY (in this place) <u>All life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie</u>	b. (Middle) <u>Sylvester</u>	c. (Last) <u>Kinnison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 16 1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison Co., Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Issiac Kinnison</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Schoonover</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Marie Kinnison</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>486-07-0777</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Marie Kinnison</u>	ADDRESS <u>Mt. Moriah, 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>2 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas with metastasis to liver & meninges</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 <u>157X</u>	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) (m.)	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 Oct 1951, to April 7, 1953, that I last saw the deceased alive on April 5, 1953, and that death occurred at 5:40 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Merian Leach</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Bethany, Missouri.</u>	23c. DATE SIGNED <u>4/8/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lloyd Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>RD Gidway, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>April 19-53</u>	REGISTRAR'S SIGNATURE <u>S. P. Shaw 113</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Cainsville, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

5410
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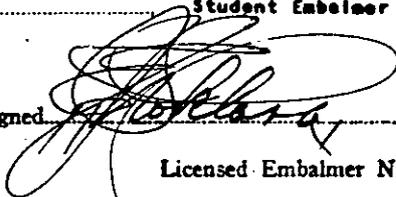
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Signed  _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.